

Case Number:	CM13-0026050		
Date Assigned:	11/22/2013	Date of Injury:	10/16/2012
Decision Date:	03/10/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53-year-old male who reported an injury on 10/16/2012. The mechanism of injury was the patient stepping on rock debris and twisting his right knee. Review of the medical record reveals that the patient underwent a right knee arthroscopy with partial medial meniscectomy, shaving, debridement of cartilage, and partial synovectomy on 02/27/2013, which was followed by postoperative physical therapy. The most recent clinical note dated 09/12/2013 revealed that the patient experienced constant pain to his right knee. He complained of pain with movement of his knee, and radiating pain from his knee to the back side of his thigh. The patient also complained of left knee pain due to overcompensation. He has increased pain with standing and walking to the left knee. Objective findings upon physical examination revealed tenderness to palpation over the medial joint line and right medial hamstring of the right knee. There was a 10 degree extension lag, 2+ joint effusion, crepitus noted, and arthroscopic portals over the knee. The patient was noted to ambulate with an antalgic gait. The patient was prescribed tramadol 50 mg and Mobic 7.5 mg. The patient reported locking and popping of the right knee with limited and painful range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI arthrogram of the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI arthrography

Decision rationale: The MTUS/ACOEM does not address MRI arthrograms of the knee specifically, but it does state that reliance on an imaging study to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion, such as false positive test results because of the possibility of identifying a problem that was present before symptoms began, and, therefore, has no temporal association with the current symptoms. The guidelines indicate that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed, making MRIs valuable in such cases. The Official Disability Guidelines indicate an MRI arthrogram is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for minimal repair, or for meniscal resection of more than 25%. The patient exhibited antalgic gait, limited and painful range of motion, atrophy of the quadriceps, crepitus, effusion, and tenderness to palpation of the right medial joint line, therefore, there is a medical necessity for an MRI arthrogram of the right knee in order adequately assess the patient's knee and determine the most appropriate treatment plan. As such, the request for MRI arthrogram of the right knee is certified.