MAXIMUS Federal Services

Case Number:	CM13-0055404		
Date Assigned:	12/30/2013	Date of Injury:	02/02/2011
Decision Date:	05/15/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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 expert 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:

Patient with date of injury of 2/2/11. Mechanism of injury described as twisting and falling on stairs with direct blow to L knee. Report notes a re-injury 6months after initial claimed injury. Patient then had another re-injury on 2/2012. Patient has a diagnosis of pain in joint lower leg, sprain/strain of knee/leg, chondromalacia patella and tear at lateral meniscal knee. Arthroscopic knee surgery done on 11/2012-likely for meniscal repair. Medical records from primary treating physician reviewed. Multiple notes reviewed with last available until 9/26/13. The notes are often brief and provide very little details as to the management plan. Patient reports complaints of L knee spasms, radiating pain and sleep disturbance, Pain described as 7/10. Pain is described as unchanged. Last full history and physical is available from 7/17/13 which described patient complaining of mild low back pain and severe L knee pain which is worst with standing, walking or squatting. Pain is 2-9/10 with radiation down entire leg and foot and popping and locking sensation. Exam reveals mild leftward thoracic tilt, antalgic L sided gait. Decreased ROM of lumbar spine with no tenderness. Normal bilateral lower extremity sensation. Slightly overall decreased reflexes. Negative straight leg raise. Left knee showed healed post-operative scars. Normal alignment. No swelling. Patellofemoral pain and crepitation on ROM. Joint line tenderness. Negative Apley, positive McMurray test in medial and lateral joint lines. Negative Anterior and posterior Drawer and Lachmann's. Positive patellar grind test. ROM of knee is minimally decreased. Patient appears to be only on naproxen and a keto-lido topical cream for pain and other medicines for her diabetes and high blood pressure. There was no medication list provided. Patient had reported X-rays after initial, second and third injury which were negative. Had a reported MRI after first injury that was negative. A repeat MRI on 4/12 reportedly showed a meniscal tear. This report was not provided. MRI L knee Arthrogram done on 4/25/13 showed irregularity superior surface anterior horn and lateral meniscus but no tear. Conclusion of small

popliteal cyst, proximal paterllar tendinosis and post-lateral meniscectomy without re tear with scar tissue. Full reports were not provided. X-ray of L knee(7/17/13) was normal. X-ray of lumbar spine(7/18/13) shows 6 true rib-bearing lumbar vertebrae. Normal otherwise. Report notes physical therapy was ongoing as part of patient's treatment. Utilization review is for MRI Arthrogram of L knee. Prior UR of 11/7/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilty Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344,347.

Decision rationale: An MRI Arthrogram was ordered of the left knee with no provided medical justification. Patient has a known left knee meniscal injury that was repaired on 11/2012. A recent MRI Arthrogram on 4/25/2013 did not show any significant pathology. Patient has no change in pain complaints and is stable on current therapy. There is no reported red flags of new swelling or reports of instability or pain of the knee. As per ACOEM Guidelines, MRI of the knee may be considered for pre-operative assessment of meniscus tear or for other ligamentous injury. Patient does not have any exam or notes supporting a ligamentous injury or any red flags. Patient has continued pain and exam consistent with potential meniscal injury but that has been unchanged since the MRI of 4/25/13 was done. As per ACOEM guidelines and the lack of medical justification from the primary treating physician as to utility or justification, a repeat MRI Arthrogram of the left knee with unchanged symptoms will not likely provide any new information. MRI Arthrogram of the left knee is not medically necessary.