

Case Number:	CM13-0061111		
Date Assigned:	12/30/2013	Date of Injury:	06/06/2008
Decision Date:	05/15/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgery, Fellowship trained in Spine Surgery, and is licensed to practice in Texas, Montana, and Tennessee. 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:

The injured worker is a 54-year-old male who reported an injury on 06/06/2008, while operating heavy equipment. The current diagnoses include degenerative joint disease of the left knee, internal derangement of the left knee, compensatory pain in the right hip, left lateral meniscus tear, and status post left knee arthroscopy. The injured worker was evaluated on 09/19/2013. The injured worker reported persistent pain in bilateral knees. Physical examination revealed generalized tenderness over the medial joint line with mild evidence of crepitus and positive McMurray's testing. Treatment recommendations included an MR arthrogram to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MAGNETIC RESONANCE (MR) ARTHROGRAM LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE AND LEG CHAPTER (ACUTE & CHRONIC) (LAST UPDATED 06/07/13)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Official Disability Guidelines state MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, or for meniscal repair or resection. As per the documentation submitted, the injured worker does report persistent pain in the left knee. However, there is no documentation of a progression or worsening of symptoms or physical examination findings that would warrant the need for a repeat MR arthrogram. The previous MR arthrogram was not provided for review. There are no plain films obtained prior to the request for an additional imaging study. There is no mention of an attempt at conservative treatment for the left knee. Based on the clinical information received, the request is non-certified.