

Case Number:	CM13-0063509		
Date Assigned:	12/30/2013	Date of Injury:	06/29/2012
Decision Date:	05/20/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Rehabilitation, 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 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:

This 43 year-old male sustained an injury to the left knee and low back from a motor vehicle accident on 6/29/12 while employed by [REDACTED]. Requests under consideration include an ARTHROGRAM OF THE LEFT KNEE. Conservative care has included medications, physical therapy, modified activities, and epidural steroid injections with minimal relief. Report of 11/6/13 from the provider noted the patient with complaints of intermittent moderate left knee pain with popping, weakness, and giving way. Exam of the knee showed range of motion to be normal; positive McMurray's and tenderness over the anterior lateral, medial and posterior knee with some effusion. Previous MRI of the knee noted a Baker's cyst without any internal derangement or tear. The request for an Arthrogram of the left knee to better delineate the symptoms was non-certified on 11/22/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROGRAM OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION MR ARTHROGRAM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE CHAPTER, MR ARTHROGRAPHY, PAGE 330.

Decision rationale: This employee sustained an injury to the left knee and low back from a motor vehicle accident on 6/29/12 while employed by [REDACTED]. Requests under consideration include an ARTHROGRAM OF THE LEFT KNEE. Conservative care has included medications, physical therapy, modified activities, and epidural steroid injections with minimal relief. Report of 11/6/13 from the provider noted the employee with complaints of intermittent moderate left knee pain with popping, weakness, and giving way. Exam of the knee showed range of motion to be normal; positive McMurray's and tenderness over the anterior lateral, medial and posterior knee with some effusion. Previous MRI of the knee noted a Baker's cyst without any internal derangement or tear. The request for an Arthrogram of the left knee to better delineate the symptoms was non-certified on 11/22/13. The employee has unchanged symptom complaints and clinical findings for this June 2012 injury without clinical change, red-flag conditions or functional deterioration since prior MRI of the knee performed. Besides continuous intermittent pain complaints without normal range of motion on exam without neurological deficits, there is also no report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for an Arthrogram when the MRI has not identified any significant acute findings. There is no x-ray of the left knee for review. The MTUS guidelines indicate that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria has not been met as the ODG guidelines recommend Knee Arthrogram for meniscal repair and meniscal resection of more than 25%, not seen here. The ARTHROGRAM OF THE LEFT KNEE is not medically necessary and appropriate.