

Case Number:	CM13-0067437		
Date Assigned:	01/03/2014	Date of Injury:	03/26/2013
Decision Date:	08/07/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and a knee brace. In a Utilization Review Report dated December 2, 2013, the claims administrator denied a request for an MR arthrogram of the knee. Little in the way of rationale is provided. The claims administrator stated that the evidence submitted by the attending provider was insufficient to support the request. The claims administrator stated the attending provider did not furnish the evidence of what treatment or treatments had transpired to date. The claims administrator did not, however, incorporate cited MTUS and non-MTUS Guidelines into its rationale. The applicant's attorney subsequently appealed. In a November 15, 2013 progress note, the applicant's new primary treating provider noted that the applicant was presenting with arm and knee pain. The applicant had apparently delayed in reporting her injury. The applicant had apparently been seen elsewhere, by a personal physician. The MRI imaging of the knee was apparently notable for a torn meniscus. The applicant was off of work, on total temporary disability, it was stated, and also apparently underwent earlier left knee arthroscopy on August 1, 2013, it was stated. The applicant had a history of arthritis, it was further noted, involving the implicated knee. A positive McMurray maneuver, slightly limited knee range of motion, and medial joint line tenderness were noted about the left knee. An MR arthrography of the left knee was sought, along with cane, knee brace, and TENS units. The applicant was asked to obtain a home exercise kit. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHORGRAM OF THE LEFT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, MR Arthrogram topic.

Decision rationale: The MTUS-adopted ACOEM Guidelines in Chapter, 13 do not address the topic of knee MR arthrography. As noted in the Third Edition ACOEM Guidelines knee Chapter, however, MR arthrograms are recommended for applicants who require advanced imaging of the menisci and articular cartilage following earlier procedures involving the knee. In this case, the applicant has had earlier knee surgery. Significant signs and symptoms of internal derangement of the knee persist. The applicant is ambulating with difficulty, and appears to be still using a cane and a knee brace to move about. A positive McMurray maneuver was noted on the office visit in question. The applicant has positive provocative testing suggestive of meniscal pathology, including a positive McMurray maneuver. An MR arthrography to delineate the presence or absence of a recurrent meniscal tear is indicated. Therefore, the request is medically necessary.