

Case Number:	CM13-0070468		
Date Assigned:	01/03/2014	Date of Injury:	01/13/2012
Decision Date:	08/13/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and 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 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 51-year-old female who reported an injury on 01/13/2012. The mechanism of injury was reported as a slip and fall. The diagnoses included status post left knee contusion and status post knee arthroscopy in 2012. Prior therapies included surgery, physical therapy, and injections. Per the 08/16/2013 follow up evaluation, the injured worker reported bilateral knee pain. It was noted she had severe crepitus in the left knee with range of motion due to osteoarthritis. Medial joint line pain was noted in both knees. Per the 11/04/2013 follow up evaluation, the injured worker continued to report bilateral knee pain, left greater than right. It was noted the prior left knee arthroscopy and partial medial meniscectomy revealed severe patellofemoral medial compartment chondromalacia. The provider noted the severity of the chondromalacia as the reason for the injured worker's ongoing left knee symptoms. The provider noted an arthrogram would be unlikely to yield additional clinically useful information. He believed the patient would need to live with her left knee symptoms with ongoing conservative measures and injections, and ultimately proceed with a knee replacement when the symptoms warranted. It was noted the injured worker insisted on an MR arthrogram. The Request for Authorization form for an MR arthrogram of the left knee was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHORGRAM 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 (ODG).

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, MR arthrography.

Decision rationale: The request for MR arthrogram left knee is not medically necessary. The California MTUS/ACOEM Guidelines state MRIs are superior to arthrography for both diagnosis and safety reasons. The Official Disability Guidelines further state, MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair, or for a meniscal resection of more than 25%. The medical records provided indicate the injured worker underwent a prior arthroscopy of the left knee with a partial medial meniscectomy. The surgery revealed severe patellofemoral medial compartment chondromalacia. The provider stated he believed the severity of the chondromalacia was the reason for the injured worker's ongoing left knee symptoms. There is no indication of a suspected residual or recurrent meniscal tear to warrant the use of MR arthrography. Based on this information, the request is not supported. As such, the request is not medically necessary.