MAXIMUS Federal Services

Case Number:	CM14-0013916		
Date Assigned:	03/19/2014	Date of Injury:	04/23/2012
Decision Date:	04/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/04/2014

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 Internal Medicine and Pulmonary Diseases, 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 patient is a 40-year-old male who reported an injury on 4/23/12. The mechanism of injury was not provided. The patient's diagnosis included a left knee medial meniscus tear. The patient underwent left knee surgery on 11/20/12. The patient had an MRI of the left knee on 3/4/13, which revealed postsurgical changes from previous medial meniscal repair at the level of the posterior horn, and the body as was seen on a 7/31/10 study without evidence of breakdown of the meniscal repair. There was increased blunting along the inner margin of the meniscal body and adjacent portion of the posterior horn when compared to the prior study suggestive of an interval repeat meniscal surgery in the form of a limited partial meniscectomy that was not evident previously. The lateral meniscus remained intact with no evidence of a tear. There was a chronic grade-1 sprain injury of the medial collateral ligament and low-grade proximal patellar tendinosis/tendinitis similar to the 7/31/10 study. There was interval resolution of the minimal trabecular injury/bone bruise along the anterior weight-bearing surface of the medial femoral condyle. There is suspected minimal chondromalacia in that area without any significant progression since the prior study. There were otherwise no significant degenerative changes of the medial and lateral compartments. There was a suspected small localized area of chondromalacia along the medial aspect of the medial patellar facet that was apparently present on the prior study as well. The patellofemoral joint was otherwise well maintained without significant degenerative arthrosis. The physical examination on 1/6/14 revealed that the patient had ongoing pain in the left knee and had a positive McMurray's and 1+ effusion. The request was made for an MRI of the left knee without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE WITHOUT CONTRAST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines recommend postsurgical MRIs if needed to assist knee cartilage repair tissue. The clinical documentation submitted for review indicated the physician wanted the MRI for a possible repeat meniscal tear. There was a lack of documentation of prior physical examinations that were legible to support the patient had new findings for a possible repeat meniscal tear. Given the above, the request for an MRI of the left knee without contrast is not medically necessary.