MAXIMUS Federal Services

Case Number:	CM14-0014810		
Date Assigned:	02/28/2014	Date of Injury:	12/29/2005
Decision Date:	08/04/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 patient is a 47-year-old female who has submitted a claim for lumbar radiculopathy, chronic pain syndrome, left knee internal derangement, left knee pain, chronic pain-related insomnia, myofascial syndrome, neuropathic pain, chronic pain-related depression, and prescription narcotic dependence associated with an industrial injury date of December 29, 2006. Medical records from 2013 were reviewed. The patient complained of low back and left knee pain, rated 6-9/10 in severity. Recent physical examination findings were not available from the medical records submitted and reviewed. Imaging studies were not available as well. Treatment to date has included medications, chiropractic therapy, physical therapy, home exercise program, activity modification, lumbar epidural steroid injection, and left knee lateral retinacular release. Utilization review, dated January 9, 2014, denied the request for 1 MRA (Magnetic Resonance Arthrogram) of the left knee because there was no positive objective findings of instability and no indication of completed conservative measures to warrant a left knee MR arthrogram. The request for 1 orthopedic consult for the left knee was also denied because there was absence of findings on the history and physical examination to raise suspicion of serious underlying medical conditions known as red flags.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MRA OF THE LEFT KNEE: Upheld

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 Official Disability Guidelines (ODG), Knee and Leg Chapter, MR Arthrography.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that magnetic resonance arthrography (MRA) is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this case, the patient underwent left lateral retinacular release of the left knee in 2007. However, she has no diagnosis of a meniscal tear. She is not likewise in a post-operative state. There is no documented rationale for this diagnostic procedure. Furthermore, recent progress reports lack objective findings. The current clinical functional status of the patient is unknown. Therefore, the request for One MRA Of The Left Knee is not medically necessary.

ONE ORTHOPEDIC CONSULTATION FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 127,Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

Decision rationale: As stated on page 127 of the Non-MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient continues to have complaints of left knee pain. However, the medical records did not reveal uncertainty or complexity of issues that would necessitate orthopedic consultation. Furthermore, there was no indication of failure of current therapies or exacerbation of patient's symptoms, which may warrant a referral to an orthopedic surgeon. There is no clear rationale for the requested service. Therefore, the request for One Orthopedic Consultation For The Left Knee is not medically necessary.