

Case Number:	CM14-0014922		
Date Assigned:	02/28/2014	Date of Injury:	10/24/2007
Decision Date:	06/27/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery 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 43-year-old female injured on October 24, 2007. The records also indicate that a request for Magnetic Resonance Arthrogram of the left knee was denied in the preauthorization process. The mechanism of injury was noted to be a trip and fall down some stairs onto a concrete surface. The initial clinical diagnosis was a sprain/strain of the knee and is noted that a diagnostic arthroscopy was completed in February 2011. At that time, a chondroplasty was completed. An MRI of the knee was completed in August 2003 and noted the anterior and posterior cruciate ligaments to be intact. There was no evidence of a meniscal lesion, and only some myxoid degeneration was identified. A determination of maximum improvement was noted. Furthermore, it was noted the injured employee was not a candidate for any aggressive type of treatment involving the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM OF THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee chapter, updated June, 2014

Decision rationale: When noting the date of injury, the injury sustained, the multiple surgical interventions and the findings identified with the most recent MRI of the knee, there is no clinical indication of any surgical lesion. Furthermore, the current physical examination does not suggest a recurrence of any specific intra-articular pathology. Lastly, as noted in the Official Disability Guidelines (ODG), this study is only indicated if there is a suspected re-tear. There is no data to suggest such a lesion. There is no clinical indication for this request and thus, it is not medically necessary.