

Case Number:	CM14-0015171		
Date Assigned:	02/28/2014	Date of Injury:	02/28/2007
Decision Date:	07/17/2014	UR Denial Date:	01/31/2014
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 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 54-year-old male who has submitted a claim for Right Knee Enthesopathy, Right Knee Internal Derangement, Right Knee Sprain/Strain associated with an industrial injury date of February 26, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of headaches, rated 4/10, as well as back and right knee pain radiating to the right ankle, rated 8-9/10. He also reported numbness, locking, and swelling in the right knee. On physical examination of the right knee, there was tenderness and spasm noted over the joint line. There was weakness in flexion and extension. Range of motion was restricted due to pain and spasm. Treatment to date has included medications, 15 sessions of physical therapy, 15 sessions of chiropractic care, right knee arthroscopy (2009), and three Synvisc injections. Utilization review from January 31, 2014 denied the request for outpatient repeat arthrogram right knee because there was evidence of a more recent MRI, which was not submitted for review and since that study was not submitted, there was no way to determine if additional imaging was warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT ARTHROGRAM FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MR Arthrography.

Decision rationale: CA MTUS does not specifically address MR arthrography of the knee. 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 MR arthrography 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 previous MR arthrogram of the right knee was not included in the records for review. In addition, there was no discussion regarding the indication for a repeat MR arthrogram. There is no clear indication for repeat imaging studies at this time because information is lacking. Therefore, the request for REPEAT ARTHROGRAM FOR THE RIGHT KNEE is not medically necessary.