MAXIMUS Federal Services

Case Number:	CM14-0119627		
Date Assigned:	08/06/2014	Date of Injury:	03/03/2011
Decision Date:	09/24/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 26-year-old male with a reported date of injury of 03/03/2011. The injury reportedly occurred when the forks of the forklift fell and landed on the injured worker's right thigh. His diagnoses were noted to include right femoral shaft fracture, right 4th/5th proximal phalangeal toe fracture, and rupture of the anterior cruciate ligament. His previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 01/30/2014 revealed complaints of pain to the right foot, specifically the 4th and 5th toes. The physical examination of the right knee was abnormal. There was no effusion; however, there was moderate pain to palpation of the knee. There was no pain or crepitation on the patellar compression. The ligaments were stable with no pain stressing on the ligaments or patellar tendon. The range of motion was minimally restricted and the orthopedic tests were negative. The sensation and motor strength were normal distal to the knee, and the color, texture, and temperature of the lower extremity were normal. The MRI performed on 07/30/2014 revealed a completely ruptured anterior cruciate ligament that had become detached from the distal femur. The progress note dated 08/13/2014 revealed complaints of pain rated 9/10 to the anterior upper leg. The physical examination of the right knee noted swelling, small effusion, and slight pain to palpation of the medial knee and lateral knee. There was no pain or crepitation on patellar compression and the ligaments were stable with no pain stressing on the medial, lateral, anterior, and posterior cruciate ligaments or patellar tendon. The range of motion was minimally restricted and the provocative testing was negative. The provider indicated the injured worker should be referred to an orthopedist and that he may require surgery for the anterior cruciate ligament rupture. The provider indicated the effects of the injury had not been cured by conservative therapy. The Request for Authorization form was not submitted within

the medical records. The request was for an MRI arthrogram of the right knee; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of right 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.

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

Decision rationale: The request for an MRI arthrogram of the right knee is not medically necessary. The injured worker was diagnosed with an anterior cruciate ligament tear. The CA MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The guidelines state arthrography can be used to identify and define meniscus and ligament tears. The guidelines state reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners can usually diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or overdiagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safetey reasons. The injured worker has had a previous MRI which diagnosed the anterior cruciate ligament tear; however, the guidelines recommend MRI over arthrography for diagnosis and safety reasons. Additionally, there is a lack of documentation regarding the necessity for an MRI arthrogram of the right knee. Therefore, the request is not medically necessary.