

Case Number:	CM14-0135851		
Date Assigned:	08/29/2014	Date of Injury:	11/09/2012
Decision Date:	10/02/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/22/2014

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 & 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 39-year-old male who reported injury on 11/09/2012. The mechanism of injury was that the injured worker struck his knee on a parked forklift, sustaining multiple injuries to the knee. The injured worker has diagnoses of right knee sprain/strain with medial meniscal tear, left shoulder sprain/strain, impingement and labral tear, and postop right knee surgery. Past medical treatment consist of therapy, physical therapy, physiotherapy, home exercise program, medication therapy, and chiropractic therapy. The injured worker has undergone MRIs of the right knee and left shoulder. On 03/06/2014, the injured worker complained of right knee pain. Physical examination of the knee revealed that there was no obvious bony or arthritis deformity. There were normal shapes and contours present. There was a well healed arthroscopic incision on the right knee. There were no joint effusion present on the knee. Examination also revealed that the injured worker had slight tenderness with palpation over the medial joint line. There was no tenderness with palpation over the lateral joint line. The fat pad was not tender. There was also no tenderness over the lateral femoral condyle. No tenderness with patellofemoral compression. There was no grinding or crepitus beneath the patella. There was also no sign of laxity noted on the posterior medial or posterior lateral corners of the knee. Range of motion revealed an extension on the right to be 20 degrees and 0 degrees on the left, flexion of the right was 120 degrees and 135 degrees on the left. Sensory and motor evaluation was normal in both knees. Current treatment plan is for the injured worker to have an MR arthrogram of the right knee. The rationale for the submitted request was not submitted for review. The Request for Authorization was also not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The request for MR Arthrogram of the right Knee is not medically necessary. ODG Guidelines recommend MR arthrography as a postoperative option to help diagnosis a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this study, for all injured workers who underwent meniscal repair, MR arthrography, was required to diagnosis a residual or recurrent tear. In injured workers with meniscal resection of more than 25% who did not have severe degenerative arthrosis, and avascular necrosis, chondral injuries, native joint fluid that extends into meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tear. Injured workers with less than 25% meniscal resection did not need MR arthrography. Given the above, the injured worker is not within the ODG guidelines. The submitted report indicated on examination that the injured worker's knee had no obvious bony or arthritis deformity. There were normal shapes and contours present. All special tests were negative bilaterally to include McMurray's sign, drawer sign, Lachman's sign, Apley's, pivot shift, and patellar tilt. The submitted report did not have any evidence of neurological deficits for the injured worker's knee. Furthermore, there was no indication in the submitted report that the provider may have thought that the injured worker had a suspected residual or recurrent tear for meniscal repair. As such, the request for MR Arthrogram of the right Knee is not medically necessary.