MAXIMUS Federal Services

Case Number:	CM14-0140836		
Date Assigned:	09/03/2014	Date of Injury:	05/22/2013
Decision Date:	10/02/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/01/2014

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, has a subspecialty in Pain 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 injured worker is a 52 year old female who reported an injury on 05/22/2013. The mechanism of injury was not provided. Her diagnoses included ACL tear, medial meniscus tear, chondromalacia of the medial femoral condyle and lateral tibial plateau, and synovitis. On 08/08/2013, the injured worker had an anterior cruciate ligament reconstruction, medial and lateral menisci debridement, mild chondroplasty of the medial femoral condyle and lateral tibial plateau, and partial synovectomy of the left knee. The injured worker's treatments, and diagnostics were not provided. There was a lack of objective documentation. Examination of the left knee under anesthesia showed a positive anterior drawer sign, positive Lachman's test, and a positive pivot shift test; however, postoperatively, all tests were negative. Her medications were not listed. The treatment plan was for an MRI arthrogram of the left knee. The rationale for the request and the request for authorization form were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MR arthrography.

Decision rationale: Based on the clinical information submitted for review, the request for MRI Arthrogram left knee is not medically necessary. As stated in the California MTUS/ACOEM Guidelines, relying only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion. Furthermore, MRIs are superior to arthrography for both diagnosis and safety reasons. The injured worker was status post arthroscopic left anterior cruciate ligament reconstruction. It was noted in the operative report that the injured worker had a positive anterior drawer sign, positive Lachman's test, and a positive pivot shift test when examined under anesthesia, and negative tests postoperatively. The Official Disability Guidelines state that magnetic resonance 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%. This study suggested for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. The operative report showed a small posterior horn lateral meniscal tear, which was contoured and debrided. There is a lack of clinical documentation indicating a residual or recurrent tear. As such, the request for MRI Arthrogram left knee is not medically necessary.