

Case Number:	CM14-0152079		
Date Assigned:	09/22/2014	Date of Injury:	05/17/2000
Decision Date:	10/21/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/18/2014

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:

This is a 54-year-old female who sustained injuries to the cervical spine, lumbar spine, and bilateral knees on 05/17/00. The claimant was documented to be status post a multilevel lumbar fusion. The progress report dated 08/06/14 noted continued complaints of chronic bilateral knee pain and had objective findings on examination of positive crepitation, diminished range of motion, medial numbness of the left thigh, and atrophy of the left quadriceps. The medical records provided for review did not include any imaging reports of the claimant's knees or documentation of recent conservative treatment that has been utilized for the claimant's knees. This is a request for bilateral arthrograms of the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI/arthrogram of left knee with PF cartigram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

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

Decision rationale: The California ACOEM Guidelines would not support the request for an MR arthrogram of the left knee. The records for review in this case fail to demonstrate any evidence of acute physical findings on examination, recent conservative measures, or prior imaging studies that would support the role of a left knee arthrogram. While the claimant's examination is noted to identify atrophy of the quadriceps and subjective numbness of the thigh, the medical records document that the claimant is also status post a multilevel lumbar fusion. In the absence of direct clinical correlation between acute examination findings and the claimant's previous treatment, the request for a left knee MR arthrogram would not be supported.

MRI/arthrogram of right knee with PF cartogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

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

Decision rationale: The California ACOEM Guidelines would not support the request for an MR arthrogram of the right knee. The records for review in this case fail to demonstrate any evidence of acute physical findings on examination, recent conservative measures, or prior imaging studies that would support the role of a right knee arthrogram. While the claimant's examination is noted to identify atrophy of the quadriceps and subjective numbness of the thigh, the medical records document that the claimant is also status post a multilevel lumbar fusion. In the absence of direct clinical correlation between acute examination findings and the claimant's previous treatment, the request for a right knee MR arthrogram would not be supported.