

Case Number:	CM14-0158493		
Date Assigned:	10/02/2014	Date of Injury:	06/04/2013
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/26/2014

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 Geriatrics and is licensed to practice in New York. 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 57 year old woman with a date of injury of 6/4/13. She was seen by her primary treating orthopedic physician on 8/6/14 noting some improvement with functional restoration but she remained symptomatic and continued to do a cane. Her exam showed an antalgic gait. Her left knee showed a small effusion without signs of infection, soft tissue swelling or instability. She was tender to palpation over the medial joint line as well as with McMurray maneuver. She had mild patellofemoral irritability with satisfactory patella excursion and tracking. She had 5-/5 quadriceps and hamstring strength with 0-115 degree range of motion with crepitation. Her diagnosis was internal derangement /degenerative joint disease of the left knee with probable tear of medial meniscus. A prior left knee MRI in 11/13 showed cleavage tears in the anterior and posterior horns and a complex tear in the meniscal body of the medial meniscus and a cleavage tear in the anterior horn and apical tear in the meniscal body of the lateral meniscus. She had increased signal in the medial aspect of the distal femoral diaphysis. At issue is the request for a 'more current' MR arthrogram of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram left knee with contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (chapter on the knee and leg)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-339.

Decision rationale: The request in this injured worker with chronic knee pain is for a MR arthrogram of the left knee. The records document a physical exam with pain and reduction in range of motion but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears which were identified already on a 11/13 MRI. In the absence of physical exam evidence of red flags and recent prior study, a MR arthrogram of the left knee is not medically substantiated.