

Case Number:	CM14-0168554		
Date Assigned:	10/16/2014	Date of Injury:	12/30/2013
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 41-year-old female with a 12/30/13 date of injury. At the time (9/15/14) of the request for authorization for MRA of the right knee and weight bearing x-rays of the right knee, there is documentation of subjective (right knee pain) and objective (positive tenderness to palpation medial joint line and lateral joint line, range of motion 9-120) findings, current diagnoses (right knee internal derangement), and treatment to date (medication). Regarding MRA of the right knee, there is no documentation of a suspected residual or recurrent tear postoperatively, meniscal repair, or meniscal resection of more than 25%. Regarding weight bearing x-rays of the right knee, there is no documentation of failure of conservative care; suspected fracture; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) MRI arthrography

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a suspected residual or recurrent tear postoperatively, meniscal repair, or meniscal resection of more than 25%, as criteria necessary to support the medical necessity of MRI arthrography of the knee. Within the medical information available for review, there is documentation of diagnoses of right knee internal derangement. However, there is no documentation of a suspected residual or recurrent tear postoperatively, meniscal repair, or meniscal resection of more than 25%. Therefore, based on guidelines and a review of the evidence, the request for MRA of the right knee is not medically necessary.

Weight bearing x-rays of the right knee.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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

Decision rationale: MTUS reference to ACOEM identifies documentation of failure of conservative care; suspected fracture; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees, as criteria necessary to support the medical necessity of knee radiographs. Within the medical information available for review, there is documentation of diagnoses of right knee internal derangement. However, there is no documentation of failure of conservative care; suspected fracture; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees. Therefore, based on guidelines and a review of the evidence, the request for weight bearing x-rays of the right knee is not medically necessary.