

Case Number:	CM14-0169856		
Date Assigned:	10/20/2014	Date of Injury:	07/27/2004
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 63 year old female who sustained a work injury on 7-27-04. The claimant had left knee surgery on 5-17-11, left ankle surgery on 2012, left shoulder surgery in 2014. Office visit on 9-3-14 notes the claimant had frequent headaches, soreness in the chest area, frequent neck pain with pain radiating into the hands and weakness of the upper extremities, frequent pain in both shoulders, constant pain to the elbows, wrists, hands, low back pain with pain radiating into the legs to the feet and toes, pain in the left knee and left ankle, right knee and right ankle. Exam of the left knee shows flexion to 130 degrees and extension to 0, positive McMurray bilaterally, positive grind test bilaterally, and strength was 4/5 with flexion and extension of the right 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: Upheld

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

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

Decision rationale: ACOEM notes that MR arthrograms are recommended for select patients who require advanced imaging of the menisci and articular cartilage or following procedures

such as chondrocyte implantation. Medical Records reflect the claimant is status post left knee arthroscopy due to left meniscal tear and also right knee medical tear. This is a nonspecific request. It is not documented what side (left or right) or how treatment will change with the requested diagnostic procedure. Therefore, the medical necessity of this request is not established.