

Case Number:	CM14-0180366		
Date Assigned:	11/05/2014	Date of Injury:	05/06/2012
Decision Date:	12/10/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	10/30/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 43 year old patient with date of injury of 05/06/2012. Medical records indicate the patient is undergoing treatment for internal derangement of her left knee, bilateral knee sprain, patellofemoral subluxation of bilateral knees, closed dislocation of the patella; post-medial patellofemoral ligament reconstruction. Subjective complaints include worsening mobility, weakness to right knee and thigh, pain to her left knee worse on the lateral side associated with popping, instability and weakness. Objective findings include effusion, medial joint line tenderness, mild subluxation of the patella; flexion 130 degrees with pain, Q-angle 10-15 degrees; Positive testing includes: 2+ medial McMurray's, pain with medial McMurray's, patellar compression test, patellar crepitation test and patellar apprehension test. Patient has antalgic gait, favoring of the left side. MRI of left knee was performed on 08/13/2012 and showed a torn medial meniscus with mild chondromalacia and damage to the medial ridge of the patella and lateral tilting of the patella. Another MRI of left knee was performed on 07/08/2014 which showed lateral patellar tilt and a medial meniscus intrasubstance stage 2 changes in the posterior horn and body, a meniscal tear is not visualized; small joint effusion. Treatment has consisted of right knee medial patellofemoral ligament reconstruction on 07/17/2013, knee brace and home exercise program. Medications include Naproxen, Famotidine, Tylenol and Tramadol. The utilization review determination was rendered on 10/25/2014 recommending non-certification of MRI (magnetic resonance imaging) of left knee with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of 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, Knee & leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MR Arthrography

Decision rationale: Official Disability Guidelines state that MR arthrography is recommended as a "post-operative option to help diagnose a suspected residual or recurrent tear". ACOEM guidelines additionally recommend arthrography of the knee suspected ligamentous or meniscus tear. The treating physician does not provide sufficient documentation to support that the patient's knee pain is secondary to a meniscal tear. The previous MRI scan on 07/08/2014 documents a degenerative tearing of the medial meniscus, which does not appear to correlate with the patient's subjective complaints or objective findings. The treating physician does not indicate additional information that would warrant a repeat MRI of the knee, such as post-surgical knee assessment, reinjury, or other significant change since last MRI. In addition, the treating physician has not detailed what new information would be gained or how the MRI would change medical treatment. As such, the request for MRI (magnetic resonance imaging) of left knee with contrast is not medically necessary.