

Case Number:	CM14-0183337		
Date Assigned:	11/10/2014	Date of Injury:	02/02/2010
Decision Date:	12/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and wrist pain reportedly associated with an industrial injury of January 27, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; anxiolytic medications; earlier hand and wrist surgery; a right knee arthroscopy of April 18, 2013; subsequent knee manipulation under anesthesia surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 1, 2014, the claims administrator failed to approve request for an MRI of the knee with contrast/MR arthrogram of the knee. The applicant's attorney subsequently appealed. In a September 10, 2014 progress note, the applicant reported ongoing complaints of bilateral knee and left wrist pain. The applicant reported derivative complaints of an altered gait. MR arthrography of the right knee was sought to evaluate the applicant's ongoing complaints of knee pain. The applicant was asked to continue permanent work restrictions apparently imposed by a medical-legal evaluator.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MR Arthrography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 335-336.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 13, Table 13-2, pages 335-336 do acknowledge that MRI imaging can be employed to confirm a variety of diagnoses, including meniscal tear, collateral ligament tear, cruciate ligament tear, patellar tendonitis, etc., ACOEM qualifies its position by noting that such testing is indicated only if surgery is being contemplated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed MRI study and/or consider any further surgical intervention involving the injured knee. It was not clearly stated what was sought and/or what was suspected. It was not clearly stated how the proposed imaging study would influence or alter the treatment plan. Therefore, the proposed MRI Arthrogram of the right knee is not medically necessary.