

Case Number:	CM14-0023668		
Date Assigned:	06/11/2014	Date of Injury:	11/23/2010
Decision Date:	08/04/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 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:

This 39 year-old female patient sustained an injury on 11/23/10 while employed by [REDACTED]. Request(s) under consideration include 1 MRI of left knee w / intra articular contrast and 1 additional evaluation after MRI. The patient is s/p left knee arthroscopic surgery with patellofemoral release and plica excision. Report of 1/28/14 from the provider noted patient with left hip and knee pain. Exam showed pain and tenderness over the greater trochanter; slight leg length discrepancy with right leg less than 2cm longer than left; Left knee exam showed guarding and some discomfort on patellofemoral compression, mostly at anterolateral joint line; no pain with log roll test; equivocal bounce home and Apley's compression distraction tests; and no signs of ligament laxity. X-rays of left knee radiographs showed slight narrowing of medial compartment; no loose bodies; and no significant sclerotic changes. X-rays of pelvis and left hip were normal. Diagnoses include left hip pain; left hip greater trochanteric bursitis; and left knee pain. The patient has unchanged symptom complaints and clinical findings for this 2010 injury without clinical change, red-flag conditions or functional deterioration post knee arthroscopy. Besides chronic pain complaints with tenderness and discomfort on exam, the clinical findings were without neurological deficits, ligamentous laxity or signs of internal derangement. There was also no report of limitations, acute flare-up, new injuries, failed conservative treatment or limitations with ADLs that would support for a Knee MR Arthrogram. X-ray of the knee showed no clear pathology. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. Criteria for MR arthrography include meniscal repair and meniscal resection of more than 25%, not documented here. The 1 MRI of left knee with intra articular contrast is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF LEFT KNEE W / INTRA ARTICULAR 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 (ODG) Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, MR Arthrography, page 330 Recommended for meniscal repair and meniscal resection of more than 25%. All patients with meniscal repair required MR arthrography. All patients with meniscal resection of more than 25%, who did not have severe degenerative arthrosis, chondral injuries, or avascular necrosis required MR arthrography. Patients with less than 25% meniscal resection did not need MR arthrography. (Magee, 2003).

Decision rationale: This 39 year-old female patient sustained an injury on 11/23/10 while employed by [REDACTED]. Request(s) under consideration include 1 MRI of left knee w / intra articular contrast and 1 additional evaluation after MRI. The patient is s/p left knee arthroscopic surgery with patellofemoral release and plica excision. Report of 1/28/14 from the provider noted patient with left hip and knee pain. Exam showed pain and tenderness over the greater trochanter; slight leg length discrepancy with right leg less than 2cm longer than left; Left knee exam showed guarding and some discomfort on patellofemoral compression, mostly at anterolateral joint line; no pain with log roll test; equivocal bounce home and Apley's compression distraction tests; and no signs of ligament laxity. X-rays of left knee radiographs showed slight narrowing of medial compartment; no loose bodies; and no significant sclerotic changes. X-rays of pelvis and left hip were normal. Diagnoses include left hip pain; left hip greater trochanteric bursitis; and left knee pain. The patient has unchanged symptom complaints and clinical findings for this 2010 injury without clinical change, red-flag conditions or functional deterioration post knee arthroscopy. Besides chronic pain complaints with tenderness and discomfort on exam, the clinical findings were without neurological deficits, ligamentous laxity or signs of internal derangement. There was also no report of limitations, acute flare-up, new injuries, failed conservative treatment or limitations with ADLs that would support for a Knee MR Arthrogram. X-ray of the knee showed no clear pathology. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. Criteria for MR arthrography include meniscal repair and meniscal resection of more than 25%, not documented here. The 1 MRI of left knee with intra articular contrast is not medically necessary and appropriate.

1 ADDITIONAL EVALUATION AFTER MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Office Visits, pages 332-333.

Decision rationale: This 39 year-old female patient sustained an injury on 11/23/10 while employed by [REDACTED]. Request(s) under consideration include 1 MRI of left knee w / intra articular contrast and 1 additional evaluation after MRI. The patient is s/p left knee arthroscopic surgery with patellofemoral release and plica excision. Report of 1/28/14 from the provider noted patient with left hip and knee pain. Exam showed pain and tenderness over the greater trochanter; slight leg length discrepancy with right leg less than 2cm longer than left; Left knee exam showed guarding and some discomfort on patellofemoral compression, mostly at anterolateral joint line; no pain with log roll test; equivocal bounce home and Apley's compression distraction tests; and no signs of ligament laxity. X-rays of left knee radiographs showed slight narrowing of medial compartment; no loose bodies; and no significant sclerotic changes. X-rays of pelvis and left hip were normal. Diagnoses include left hip pain; left hip greater trochanteric bursitis; and left knee pain. Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker and continued symptoms and findings requiring intervention and care from the provider as indicated to achieve eventual independence from medical utilization. However, submitted reports have not adequately demonstrated support for the diagnostic MRI; thereby the additional evaluation after MRI is not indicated. The 1 additional evaluation after MRI is not medically necessary and appropriate.