

Case Number:	CM14-0048119		
Date Assigned:	07/02/2014	Date of Injury:	05/22/2013
Decision Date:	09/03/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/16/2014

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 Internal 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 patient is a 52 year old male who was injured on 05/22/2013 when he was stepping onto a double step ladder. His left foot slipped off the 1st step causing him to stumble. The patient underwent a left knee arthroscopy, debridement; partial medial and lateral meniscectomy on 09/20/2013. Prior treatment history has included 14/16 sessions of physical therapy and home exercise program. Progress report dated 02/05/2014 indicates the patient presented with complaints pain in the left knee with exercise. He stated the pain is aggravated with squatting and he is taking Norco/Naprosyn for the pain. Objective findings on exam revealed a normal right knee. The left knee revealed a healed scar with little swelling. He is tender at the medial joint line. Motor muscle strength is 4+/5 in left quads and remaining 5/5. The patient was instructed to continue home exercise program and physical therapy. He has a diagnosis of derangement of lateral meniscus and unspecified derangement of medial meniscus. He is recommended for a MRI arthrogram of the left knee as documented on RFA dated 04/01/2014. Prior utilization review dated 04/05/2014 states the request for MR arthrogram of the left knee is denied as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of the left 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): 343. Decision based on Non-MTUS Citation ODG: Knee and legs chapter, MR arthrography.

Decision rationale: The guidelines recommend MRI of the knee after conservative therapy has failed and patients are being evaluated for possible surgical intervention. The patient has a history of left knee arthroscopy in 09/13 and it is unclear why further imaging is required at this time. There was no documentation of recurrent injury. The documents did not adequately discuss new concerning subjective/objective findings that would warrant MRI at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.