

Case Number:	CM14-0055111		
Date Assigned:	07/07/2014	Date of Injury:	05/18/2011
Decision Date:	08/29/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/24/2014

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 patient is a 51-year-old female who has submitted a claim for left knee medial meniscus tear associated with an industrial injury date of 05/18/2011. Medical records from 10/10/2012 to 07/07/2014 were reviewed and showed that the patient complained of left knee pain graded 7/10. Physical examination revealed tenderness over the medial joint line and limited left knee flexion was noted. McMurray's test was positive for the left knee. The MRI of the left knee dated 10/03/2013 revealed intrasubstance degenerative changes of the meniscus with a meniscus tear not excluded. Treatment to date has included physical therapy, aquatic therapy, home exercise program, three cortisone injections, and oral and topical pain medications. Utilization review dated 04/04/2014 denied the request for MR Arthrogram of the left knee because the request does not meet preliminary guidelines and was not supported by medical necessity.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MR Arthrography.

Decision rationale: California MTUS does not specifically address MR Arthrography of the knee. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that "MR Arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%." Also, in the evaluation of osteochondritis dissecans, the addition of intra-articular contrast has proved beneficial. In this case, left knee arthroscopic surgery was certified (04/08/2014). However it is unclear as to whether the surgery was performed. The type of arthroscopic surgery was not specified as well. The patient's current condition does not meet MR Arthrogram recommendations per ODG. Therefore, the request for MR Arthrogram left knee is not medically necessary.