

Case Number:	CM14-0066448		
Date Assigned:	07/11/2014	Date of Injury:	03/12/2013
Decision Date:	10/30/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 25 year old female injured on 03/12/13 due to an undisclosed mechanism of injury. The documentation indicated the injured worker complained of cervical spine, lumbar spine, bilateral shoulder, right wrist, and right knee pain treated with physical therapy, manipulating therapy, acupuncture, injections, and prescribed medications. The injured worker also underwent multiple extracorporeal shockwave therapy sessions. MRI of the right knee performed on 01/24/14 revealed globular increased signal intensity in the posterior horn of the medial meniscus most consistent with residual nutrient feeding vessel. A tear not entirely excluded, may consider MR arthrogram for further evaluation. The clinical note dated 03/07/14 indicated the injured worker presented complaining of cervical spine, lumbar spine, bilateral shoulder, right wrist, and right knee pain rated at 2-5/10 dependent on location. The injured worker also complained of anxiety/depression with pain to joints and difficulty with activities of daily living. Physical examination revealed limited range of motion of the cervical and lumbar spine, right SI joint pain, limited range of motion of the bilateral shoulders, and positive knee pain. Treatment plan included medication management, physical therapy, acupuncture, and MR arthrogram of the right knee. The request for an MRA of the right knee was initially non-certified on 04/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1019-1020.

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 (Acute & Chronic), MR arthrography

Decision rationale: As noted in the Official Disability Guidelines - Online version, MR arthrogram 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%. In patients with meniscal resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography. The physical examination failed to provide objective findings significant for meniscal tear warranting further investigation. As such, the request for MRA of the Right Knee cannot be recommended as medically necessary.