

Case Number:	CM14-0071620		
Date Assigned:	07/16/2014	Date of Injury:	04/11/2012
Decision Date:	09/10/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 65-year-old female with a date of injury of 04/11/2011. The listed diagnoses per [REDACTED] are: Sprain of the wrist bilaterally, myoligamentous strain of the lumbar spine, chronic left patellar tendinosis, patellofemoral malalignment, residual muscle weakness, and atrophy of the left leg, status post left ankle partial inferior pole patellectomy on 04/18/2012. According to progress report 04/21/2014, the patient presents with constant moderate left knee pain which is increased with prolonged standing. The patient is utilizing Ultracet transdermal cream and H-wave unit which are all helping. Examination revealed range of motion of the left knee was decreased with tenderness. The provider has previously requested a CT scan of the left knee which he would like to cancel and now obtain an MRI of the left knee. Report on 02/26/2014 states the patient has constant left knee pain. Examination again revealed decreased range of motion and tenderness. This is a request for an MRI arthrogram of the left knee. Utilization review denied the request on 05/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC/Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341,342.

Decision rationale: This patient presents with constant left knee pain with decreased range of motion and tenderness. The patient had surgery of knee for partial patellectomy in 2012. The provider is requesting an MRI arthrogram of the left knee. Utilization review denied the request stating "The patient is able to do a straight leg raise and has no instability of the knee itself." ACOEM Guidelines states, "Special studies are needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG supports post-op knee MRI's for evaluation of cartilage. This patient has had surgery of knee in 2012 and has not appeared to have had a post-op MRI. Therefore this request is medically necessary.