

Case Number:	CM14-0073809		
Date Assigned:	07/16/2014	Date of Injury:	12/18/2012
Decision Date:	09/17/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/21/2014

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:

This is a 25 year-old-male with a 12/18/12 date of injury, when he slipped and fell of the roof injuring his left knee. He underwent left knee arthroscopy with debridement of lateral meniscus on 10/07/13; the tear involved approximately 40% radial tear. The patient was seen on 2/17/14 with complaints of 8/10 left knee pain exacerbated with physical activity and aggravated with medication. The physical examination of the left knee revealed tenderness to palpation in the anterolateral part, negative posterior drawer test, negative Lachman test, negative Valgus test with pain and negative Varus test with pain and guarding. The motor strength in the lower extremities was 5/5 and 5-/5 on flexion due to pain. Sensation was reduced to light touch and pin prick in the left anterolateral leg. The left knee flexion was 130 degrees and extension was 0 degrees. The patient was seen on 04/26/14 with complaints of 7/10 continued left knee pain and right knee pain secondary to the left knee compensation. The patient stated that his pain had been increasing because he had been walking long distance. He started taking Gabapentin for his neuropathic pain. Exam findings revealed tenderness to palpation in the joint line of the left knee. The patient was alert and oriented with clean and dry skin. The diagnosis is status post left knee surgery, lateral meniscus tear and knee pain. An MRI of the left knee dated 3/22/13 (the radiology report was not available for the review) showed partial tear of the popliteal tendon and sprain of lateral collateral ligament. Treatment to date: left knee surgery (10/07/13), TENS unit, home exercise program, chiropractic treatment, PT, nerve blocks, and medications. An adverse determination was received on 05/09/14 given that the clinical symptoms did not suggest red flags or ligamentous problems in the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Knee and Leg Chapter).

Decision rationale: The Official Disability Guidelines indicate that MRA significantly increases accuracy in the diagnosis of a meniscal re-tear, as is seen in cases in which there has been a meniscal resection of more than 25% or after meniscal suturing. Also, in the evaluation of osteochondritis dissecans, the addition of intra-articular contrast has proved beneficial. The patient underwent left knee arthroscopy with debridement of lateral meniscus on 10/07/13 however there is a lack of documentation indicating the percentage of meniscal resection. In addition, the physical examinations performed on 2/17/14 and 04/26/14 did not reveal any red flags or signs of a meniscal re-tear. Therefore, the request for MRI of the left knee with contrast is not medically necessary.