MAXIMUS Federal Services

Case Number:	CM14-0074045		
Date Assigned:	09/18/2014	Date of Injury:	06/21/2012
Decision Date:	11/03/2014	UR Denial Date:	05/07/2014
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 Physical Medicine and Rehabilitation 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 63 year-old patient sustained an injury on 6/21/12 while employed by [redacted]. Request(s) under consideration include MR Arthrogram for left knee. Diagnoses include Knee DJD/ chronic unstable; menisus tear/ chronic unstable; chronic pain syndrome/ unstable; s/p left knee arthroscopic surgery (undated and unspecified). Report of 1/10/14 from the provider noted patient s/p left knee arthroscopy; waiting for Orthovisc injection series; continued on medications. Exam showed "Mild effusion; Healed portals; Range of Motion (ROM) 0/135, Crepitus with Range of Motion (ROM)." Treatment for Orthovisc injections and the patient remained TTD. Report of 1/20/14 ntoed patient to start Orthovisc (1/3) left knee series. Exam of left knee noted no effusion; no other exam documented. Diagnoses include left lower leg osteoarthritis with treatment for HEP and to return for 2nd left knee injection. Report of 4/18/14 from the provider noted the patient with ongoing chronic left knee pain rated at 4-6/10 described as constant and dull with limited movement and worsening over the past few months. Medications list Voltaren gel, Vistaril, and Tylenol #3. Exam showed gait with limp from left knee pain; increased swelling in left knee with pain on palpation of medial and lateral aspects; crepitus with range; diffuse decreased strength with pain. The request(s) for MR Arthrogram for left knee was denied on 5/7/14 citing guidelines criteria and lack of medical necessity.
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IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, MR Arthrography, page 330

Decision rationale: The patient has unchanged symptom complaints and clinical findings for this June 2012 injury without clinical change, red-flag conditions or functional deterioration s/p knee arthroscopy (undated, unspecified procedure or findings, but at least over 10 months ago). Besides continuous intermittent pain complaints with unchanged range of motion, mild effusion without neurological deficits for the last year's reports, there is also no report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for an Arthrogram. There is no x-ray of the left knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met as ODG recommends Knee Arthrogram for meniscal repair and meniscal resection of more than 25%, not identified from submitted reports. The MR Arthrogram for left knee is not medically necessary and appropriate.