

Case Number:	CM14-0074977		
Date Assigned:	07/16/2014	Date of Injury:	03/12/2013
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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 25 year old female with an injury date of 03/12/13. The 03/07/14 progress report by [REDACTED] states that the patient presents with anxiety, depression and pain throughout her entire body. The pain in her joints is worsening and she has difficulty with activities of daily living. Pain in the knees was rated 2/10. The patient's diagnoses include bilateral knee sprain/strain and rule out internal derangement of the right knee. The utilization review date being challenged is dated 04/25/14. The provider requests for a MR Arthrogram right knee. Treatment reports from 11/07/13 to 03/27/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (Magnetic resonance) Arthrogram Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg; MR arthrography.

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: Regarding MR arthrogram, The Official Disability Guidelines has the following: 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 this study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. 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 patient received an MRI of the right knee on 01/24/14. The conclusion by [REDACTED] states the following, "Globular increased signal intensity in the posterior horn of the medial meniscus most consistent with residual nutrient feeding vessel. A tear is not entirely excluded. May consider MR arthrogram for further evaluation, if clinically indicated." The 04/25/14 utilization review denied the request citing lack of clinical indication. Review of the provided reports does not provide any discussion as to the rationale for this request. It is presumed that this was ordered due to a statement from the radiologist. This patient is not post-surgical and an MR arthrogram is not indicated. Therefore, this request is not medically necessary.