

Case Number:	CM14-0075486		
Date Assigned:	07/16/2014	Date of Injury:	05/17/2010
Decision Date:	09/17/2014	UR Denial Date:	05/17/2014
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 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 49-year-old female with a 5/17/10 date of injury; the mechanism of the injury was not described. The patient was seen on 4/28/14 with complaints of right knee pain, and worsening left hand and wrist pain. The patient completed 12 sessions of physical therapy with improvement in the range of motion. Exam findings revealed that the patient was limping. There was a tenderness and crepitation of the right knee with 1+ effusion. The patient continued to have significant quad weakness and atrophy. The patient was seen on 5/13/14 with complaints of right and left knee pain. The physical examination revealed 1+ effusion with pain and crepitation in the right knee. The patient was limping. The diagnosis is status post right knee arthroscopy and partial lateral meniscectomy and left knee total arthroplasty. Treatment to date: right knee arthroscopy and partial lateral meniscectomy (3/25/11), left knee total arthroplasty (3/13/12), physical therapy and medications. An adverse determination was received on 5/17/14 given that there was a lack of objective findings indicating of a meniscal tear and that the patient was not in an acute post-operative setting for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) 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 (ODG) Integrated Treatment/Disability Duration Guidelines, Knee and Leg (Acute and

Chronic)Occupational Medicine Practice Guidelines (OMPG) Plus, APG 1 Plus 2010, Chapter Knee Disorders. Special Studies and Diagnostic and Treatment Considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346-347.

Decision rationale: CA MTUS does not apply. ODG states that "MRA significantly increases accuracy in the diagnosis of 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 right knee arthroscopy and partial lateral meniscectomy on 3/25/11. It is not clear what percentage of meniscus was re-sected during the patient's surgery. In addition, the progress report dated 5/13/14 did not reveal any subjective or objective findings indicating that the patient had symptoms of meniscal re-tear. Therefore, the request for MRI Arthrogram of the right knee was not medically necessary.