MAXIMUS Federal Services

Case Number:	CM14-0078521		
Date Assigned:	07/18/2014	Date of Injury:	08/18/2008
Decision Date:	09/24/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/28/2014

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 Texas. 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:

Medical records reflect eth claimant is a 50 female who sustained a work injury on 8-18-08. On this date, the claimant bumped with a coworker and fell. Office visit on 4-21-14 notes the claimant has intermittent left knee swelling and severe pain with walking. The claimant reports worsening of pain. On exam, the claimant has mild swelling, walks with stiffness. The claimant has positive McMurray test and motor strength was 4/5. She was diagnosed with left knee joint pain. The claimant is being managed conservatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter - MRI arthrography.

Decision rationale: ACOEM guidelines reflect that MR arthrogram are recommended for select patients who require advanced imaging of the menisci and articular cartilage or following

procedures such as chondrocyte implantation. ODG reflects that MR arthrography is 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. There is an absence in documentation noting that this claimant has had surgery and there is suspicion of a residual or recurrent tear. Therefore, the medical necessity of this request is not established.