

Case Number:	CM14-0097801		
Date Assigned:	07/25/2014	Date of Injury:	07/09/2012
Decision Date:	09/23/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/20/2014

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 & 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:

The injured worker is a 47 year old female with a reported date of injury on 07/09/2012. The mechanism of injury was a fall. The diagnoses were myoligamentous strain of the cervical and thoracic spine. The past treatments, diagnostics and surgical were not provided in the records. On 04/08/2014, the subjective complaints were pain in the back and left knee. The physical examination revealed negative Lachman's, McMurry's, and Patellar compression test. The exam also noted normal range of motion to bilateral knees. The medications were not provided in the records. The treatment plan was for an MRI of the left knee due to pain. The request for authorization form is dated 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, Chronic Pain Treatment Guidelines Neck & Upper Back Criteria for ordering imaging studies Page(s): 177.

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 & Leg, MR arthrography.

Decision rationale: The request for MRI arthrogram of Left Knee is not medically necessary. The California MTUS/ACOEM guidelines state that an arthrogram may be useful to diagnose meniscus and ligament tears. More specifically, the Official Disability Guidelines state that an arthrogram is recommended as a postoperative option to help diagnose a suspected residual or recurrent meniscal tear. The notes document that the injured worker has left knee pain, however, there was no evidence of internal derangement on physical examination and there was no documentation showing that the patient underwent knee surgery. Therefore, as there is no evidence submitted that the patient underwent left knee surgery and has a suspected meniscal tear, the request is not supported by the guidelines. As such, the request is not medically necessary.