

Case Number:	CM14-0011821		
Date Assigned:	02/21/2014	Date of Injury:	06/06/2006
Decision Date:	04/03/2015	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 68 year old male, who sustained an industrial injury on June 6, 2006. The diagnoses have included cervical spine sprain/strain status post anterior cervical discectomy and fusion of C3-4 and C4-5, status post bilateral carpal tunnel release, lumbar spine sprain/strain with radicular complaints, bilateral knee sprain/strain and status post AME. Currently, the injured worker complains of neck pain with radiation to the bilateral upper extremities, headaches, bilateral knee pain and low back pain. In a progress note dated January 8, 2014, the treating provider reports cervical spine examination reveals tenderness about the paracervical and trapezial muscles and restricted range of motion and muscle spasms, the bilateral wrists there was tenderness and limited range of motion, lumbosacral spine reveals tenderness to palpation and spasms about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and restricted range of motion, examination of the left knee reveals tenderness to palpation diffusely, the right knee revealed positive McMurray's test and tenderness to palpation about the lateral joint line. On January 20, 2014 Utilization Review non-certified a MR Arthrography of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MR ARTHROGRAPHY OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 13, 341.

Decision rationale: The American college of occupational and environmental medicine does not support the use of arthrography for the knee as MRI has been stated to be more sensitive and specific and arthrogram should only be reserved for individuals with equivocal MRI findings. As there is no documentation of an MRI in the attached medical records, this request for MR arthrography is not medically necessary.