

Case Number:	CM14-0187309		
Date Assigned:	11/17/2014	Date of Injury:	10/08/2010
Decision Date:	01/06/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of October 8, 2010. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve a knee MR arthrogram. The applicant's attorney subsequently appealed. In a September 25, 2014, progress note, the applicant reported ongoing complaints of left and right knee pain with associated popping, locking, giving way, and numbness. The applicant had not worked since August 10, 2010, it was acknowledged. The applicant was status post both right and left knee arthroscopies, in 2011, it was noted. X-rays of each knee demonstrated arthritic narrowing of both medial joint lines. Positive McMurray maneuvers were about both knees. The applicant was offered corticosteroid injections to both knees, which was declined. A 25-pound lifting limitation, knee bracing, Mobic, and MR arthrography of the bilateral knees was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram (MRA) to left 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): 335.

Decision rationale: One of the suspected diagnoses present here is that of residual meniscal tear following knee arthroscopy. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MR imaging can be employed to confirm a diagnosis of meniscal tear, ACOEM qualifies its position by noting that such testing is indicated only if surgery is being contemplated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed knee MRI and/or consider further surgical intervention involving either knee. The fact that the applicant declined corticosteroid injections to both knees on September 25, 2014 implies, furthermore, that the applicant would be disinclined to pursue more invasive treatment, such as knee surgery. Therefore, the request is not medically necessary.