

Case Number:	CM14-0190892		
Date Assigned:	11/24/2014	Date of Injury:	04/01/2004
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 injured worker is a 68 year old male who sustained a work related injury April 1, 2004, with injury to his head, right shoulder, right knee and low back. Past medical history included diagnoses of post-concussion syndrome, right shoulder impingement syndrome and mild acromioclavicular joint osteoarthritis, lumbar spine degenerative disc disease, right knee chondromalacia patella, stress anxiety and depression. Past surgical interventions included right shoulder arthroscopic biceps tenotomy, debridement of the glenohumeral joint, debridement of labral tear 7/7/2008; right shoulder arthroscopic revision subacromial decompression and partial acromioplasty, debridement of the glenohumeral joint 1/13/2014; right knee arthroscopic partial synovectomy chondroplasty 12/2/2005; and right knee repeat video arthroscopy and pick arthroplasty 3/3/2010. On an office visit dated August 15, 2014, the primary treating physician's progress report reveals the injured worker complaining of right shoulder and right knee pain, which is increased with prolonged walking, standing, and bending, with limited range of motion. On examination, the right knee reveals tenderness over the medial and lateral joint lines with crepitus and effusion. There are arthroscopic portals. The injured worker ambulates with a cane for support and an antalgic gait is present to the right. There is a scheduled knee specialist visit pending, continued home exercise program, and Tramadol ordered. Work status is temporarily totally disabled. On October 17, 2014, the injured worker is evaluated by physician regarding the right knee. Documentation reveals minimal benefit from physical therapy, no significant abnormalities on weight bearing x-rays right knee (x-ray reports not available in case file). Physical exam reveals painful range of motion 0-120, patellofemoral (PF) tenderness, and tender medial/lateral menisci. The physician requests a MR Arthrogram right knee. No further documentation is available in the case file for this examination. According to utilization review performed October 28, 2014, current plain film imaging was not noted and a rationale for an

advanced imaging study was not delineated. A more detailed physical examination was not conducted, as well as prior and ongoing treatment documented. Therefore, supplying insufficient support for the request based on MTUS Knee Complaints Guidelines and Official Disability Guidelines (ODG), Knee and Leg Guidelines, MR Arthrogram was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MR Arthrography of the right knee: Overturned

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, 343-345.

Decision rationale: The MTUS Guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having meniscus tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. The injured worker had continued knee pain with significant physical exam findings. Weight bearing x-ray findings do not identify any abnormality. Advanced imaging is indicated in this case, as the symptoms are significant and there is suspicion of internal derangement of the knee. Therefore, this request is medically necessary.