

Case Number:	CM14-0197950		
Date Assigned:	12/08/2014	Date of Injury:	12/22/2000
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of 12/22/00. A utilization review determination dated 10/28/14 recommends non-certification of MR arthrogram left knee. 10/3/14 medical report identifies knee pain 9-10/10 with swelling, tenderness, and spasms in the inner thighs. On exam, there is 4/5 weakness of the left knee extensors. Left knee MR arthrogram was recommended as the patient is s/p left knee arthroscopic surgery with residual pain. PT and orthopedic consultation for the knee were also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI's, MR Arthrography

Decision rationale: Regarding the request for MR arthrogram left knee, CA MTUS and ACOEM do not specifically address the issue. ODG states that arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear. Within the

documentation available for review, there is a history of surgery and residual pain, but there are no mechanical symptoms or any findings suggestive of a tear. Furthermore, the provider recommended PT and orthopedic consultation for the knee, both of which may obviate the need for additional diagnostic testing with MR arthrography. In the absence of clarity regarding the above issues, the currently requested MR arthrogram left knee is not medically necessary.