

Case Number:	CM14-0023044		
Date Assigned:	05/14/2014	Date of Injury:	05/15/1977
Decision Date:	04/22/2015	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59-year-old male who sustained an industrial injury on 5/15/1977. The medical records provided noted his diagnoses in code only. The medical record notes a consultation with evaluation; x-rays - left knee; and medication management. He has been treated with Theraflex cream and Keratek Gel. In a progress noted dated, 1/8/2014, his treating physician reports a chief complaint of left knee pain with clicking, catching, locking and instability; believing all a progression from 8/9/2006. His treating physician's examination of the left knee x-ray noted mild narrowing of the medial compartment - clinical evidence of recurrent medial meniscus tear, and recommended magnetic resonance arthrogram of the left knee to rule out recurrent medial meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM OF THE LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 13, KNEE COMPLAINTS, PAGE 34.

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 (Acute & Chronic), MR arthrography.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for left knee pain. The claimant's symptoms are consistent with a meniscus tear the requesting provider references clinical evidence of a recurrent tear. An MR arthrogram is recommended as a postoperative option to help diagnose a suspected residual or recurrent meniscal tear, for meniscal repair, or for meniscal resection of more than 25%. In this case, the claimant has complaints and reported physical examination findings consistent with a recurrent tear and therefore the requested MR arthrogram is medically necessary.