MAXIMUS Federal Services

Case Number:	CM15-0003724		
Date Assigned:	01/14/2015	Date of Injury:	06/14/2012
Decision Date:	03/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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
Certification(s)/Specialty: Family Practice

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 53 year old man reported a left knee injury with a date of 6/14/12. The mechanism of injury is not described in the available records. Treatment to date has included medications, left knee arthroscopy with subtotal medial meniscectomy, chondroplasty and lateral retinacular release and cortisone injection to left knee. Current diagnoses include status post left knee arthroscopy and lumbar spine sprain/strain with radiculitis, rule out herniated disc. The patient's primary treater is a chiropractor. He is also seen by a secondary treater who is an orthopedist. The primary treater evaluated the patient on 6/5/14. The report documented complaints of knee pain, with objective findings of L knee swelling, medial jointline tenderness and thigh atrophy. The plan included a request for physical therapy. The patient was seen by a physicians's assistant in a pain specialist's office on 7/15/14. He noted that the patient had a tender medial left jointline and a positive McMurrays's test. He recommended an MR arthrogram "as the patient's condition seems to be worsening". On 917/14 the patient was seen by his orthopedist, who documented left knee pain and a left knee effusion with a tender medial jointline. The knee ROM was very close to normal. The plan was to obtain weight-bearing plain x-rays of the knees due to concern about worsening osteoarthritis. The primary treater saw the patient again on 10/9/14 and documented essentially the same complaints and findings as on 6/5/14. The plan at this visit included a request for an MRI arthrogram and for weight-bearing x-rays of the knees. A recheck by the orthopedist on 10/29/14 again noted concerns about osteoarthritis, with a statement that the patient had arthroscopic evidence at the time of his surgery of significant degenerative change with chondromalacia. He again requested weight-bearing plain x-rays. None of the

providers documented any complaints consistent with a meniscal tear such as knee catching or locking. The PA in the pain specialist's office was the only provider who documented a McMurray's test, which in this case was positive. Neither of the other providers documented a McMurray test.On 12/18/14 Utilization Review non-certified a retrospective magnetic resonance arthrogram of left knee, noting provocative testing of the knee was not done and there is no evidence suggestive of posterior knee dislocation, ligament or cartilage disruption or internal derangement. The MTUS, ACOEM Guidelines, were cited, in addition to OCG. On 1/2/15, the injured worker submitted an application for IMR for review of retrospective magnetic resonance arthrogram of left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 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 Official Disability Guidelines Treatment in Workers Compensation, online edition, Chapter, Knee & Leg (Acute & Chronic) MR arthrography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg chapter, MR arthrography

Decision rationale: The MTUS Guidelines do not address the performance of MR arthrography of the knee. The ODG reference cited above states that MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography.The clinical documentation in this case does not support the performance of an MR arthrogram on this patient. Although one of his providers documented an exam suggestive of a recurrent meniscal tear, he did not cite this finding as a reason for requesting an MR arthrogram. Neither he nor either of the other providers documented subjective complaints concerning for meniscal tear, and the other two providers documented no objective findings consistent with meniscal tear. The most knowledgeable provider, the orthopedist, raised concerns about osteoarthritis and requested weight-bearing plain x-rays rather than an MR arthrogram. The orthopedist also noted that he saw evidence of significant degenerative disease and chondromalacia at the time of the patient's surgery. This is likely to represent severe degenerative arthrosis, which as noted in the above reference means that MR arthrography is not likely to be useful.Taking into account the evidence-based citation above and the clinical documentation provided for my review, an MR arthrogram of the left knee was not medically necessary in this case. It was not medically necessary because there is no clear documentation that the patient has signs or symptoms of a

recurrent meniscal tear, and because there is clear documentation that he is likely to have a condition (severe degenerative arthrosis) which renders MR arthrography unlikely to be useful.