

Case Number:	CM15-0007829		
Date Assigned:	01/23/2015	Date of Injury:	08/29/2013
Decision Date:	03/13/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/14/2015

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: Arizona, 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:

The injured worker is a 38 year old female with a date of injury as 08/29/2013. The cause of the injury was related to a slip and fall. The current diagnoses include contusion left knee. Previous treatments include medications, knee brace, and physical therapy. Primary treating physician's reports dated 06/10/2014 and 08/20/2014 and a MRI report of the the left knee dated 04/16/2014 were included in the documentation submitted for review which showed a faint signal intensity in the psterior lateral horn of the medial meniscus. . Report dated 08/20/2014 noted that the injured worker presented with complaints that included left knee pain. Physical examination revealed moderate tenderness, mild swelling, mild erythema over the anterior aspect of the left knee, and an antalgic gait with a limp on the left. Radiographic imaging of the left knee was performed but did not reveal any abnormalities. The documentation submitted did not contain a rational by the provider for the requested service of MR arthrogram of the left knee. The utilization review performed on 12/30/2014 non-certified a prescription for MR arthrogram of the left knee based on lack of clinical information. The reviewer referenced the California MTUS, ACOEM and Official Disability Guidelines in making this decision

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 Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2014, Knee

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Knee pain and MR arthrogram

Decision rationale: According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. In this case, the claimant had an MRI 6y months prior. There was no indication for surgery based on the prior MRI. There were not recent injuries. According to the ODG guidelines, an MR Arthrogram is recommended as apost-operative option to help diagnose suspected residual tear or recurrent tear. Since there was no recent surgery and no indication otherwise based on the clinial history and recent MRI, the request for an MR arthrogram of the knee is not medically necessary.