

Case Number:	CM15-0109008		
Date Assigned:	06/15/2015	Date of Injury:	11/08/2013
Decision Date:	07/20/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, 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 is a 64 year old male patient, who sustained an industrial injury on 11/8/2013. He reported falling into a hole, twisting his right knee and hitting his left shoulder and low back. Diagnoses have included shoulder adhesive capsulitis, lumbar/lumbosacral disc degeneration and knee degenerative osteoarthritis. According to the evaluation dated 4/28/2015, he had complaints of left shoulder pain; low back pain radiating into the right hip and right lower extremity to the above ankle level with occasional tingling and numbness down the right lower extremity to above the ankle level; right knee pain. He noted locking and giving way of his right knee. He rated his right knee pain as 6/10. Physical examination revealed left shoulder tenderness and decreased range of motion; lumbar spine right lower paravertebral tenderness; the right knee range of motion 0 to 135 degrees, tenderness at the medial joint line and subpatellar crepitation on range of motion; negative McMurray, grade II lachman and anterior drawer. The medications list includes carvedilol, lisinopril, atorvastatin and aspirin. He was prescribed voltaren gel and mobic. He has had left shoulder MR arthrogram on 4/9/2014; right knee MRI; X-rays for the right knee which revealed medial compartment cartilage space narrowing and patellofemoral degenerative osteoarthritis; X-rays for right hip, lumbar spine and left shoulder. He has undergone right knee arthroscopic ACL repair, bilateral meniscectomy, synovectomy and chondroplasty on 3/14/2014 and left shoulder surgery in 8/2014. He has had post op physical therapy for this injury. He was also prescribed physical therapy and right knee elastic support for this injury. Authorization was requested for magnetic resonance arthrogram of the right knee to evaluate for anterior cruciate ligament and meniscus tear/retear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of right knee to evaluate for ACL and meniscus tear/retear: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13
Knee Complaints Page(s): 341/343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) MR arthrography.

Decision rationale: Q-- MR arthrogram of right knee to evaluate for ACL and meniscus tear/retear. Per the cited guidelines regarding knee MR arthrography "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." (Magee, 2003). Any of these indications for knee MR Arthrography listed above were not specified in the records provided. Patient has had a right knee MRI prior to surgery. That MRI report was not specified in the records provided. Evidence of a recent meniscal repair is not specified in the records provided. Patient has undergone right knee arthroscopic ACL repair, bilateral meniscectomy, synovectomy and chondroplasty on 3/14/2014. In addition, patient was prescribed medications, physical therapy and knee support. Response to this recent conservative therapy is not specified in the records provided. The medical necessity of MR arthrogram of right knee to evaluate for ACL and meniscus tear/retear is not fully established for this patient.