

Case Number:	CM15-0109193		
Date Assigned:	06/16/2015	Date of Injury:	02/20/2010
Decision Date:	07/21/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/08/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year old female, with a reported date of injury of 02/20/2010. The diagnoses include status post right knee arthroscopic surgery times two with residuals. Treatments to date have included right knee arthroscopy on 05/09/2011 and 05/25/2012; x-rays of the right knee which showed narrowing of the medial joint line with osteophytosis tilting and chondromalacia patella; oral medications; and topical pain medication. The medical report dated 04/17/2015 indicates that the injured worker had pain and stiffness in her neck; right shoulder pain; constant low back pain; right knee pain with swelling, popping, locking, and giving away; and left knee pain. An examination of the right knee showed 2+ swelling with tenderness at the medial and lateral joint lines, range of motion 5-120 degrees, positive McMurray test, and negative Lachman test. The treating physician requested an MR Arthrography of the right knee. It was noted that an updated MR Arthrogram of the right knee was indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (magnetic resonance) arthrography of the Right Knee, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg - MR arthrography.

Decision rationale: The patient presents with pain and stiffness in the neck, right shoulder pain, constant low back pain, right knee pain with swelling, popping, locking, and giving way, and left knee pain. The current request is for MR (Magnetic Resonance) arthrography of the right knee, as an outpatient. The treating physician states, in a report dated 04/17/15, "Updated MR anthrograms of the right shoulder and the right knee are indicated. " (28B) The MTUS and ACOEM Guidelines are silent with regards to this request. The ODG guidelines state, "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscus tear or for meniscus resection of more than 25%. " In this case, the treating physician notes that the patient had operative arthroscopy of the right knee on 05/09/11 and 05/25/12. An MR anthrogram was administered between the first and second surgeries. The second surgery resulted in no long-lasting improvement. However, the treating physician does not explain why another MR anthrogram of the right knee is indicated. As such, the current request is not medically necessary.