

Case Number:	CM15-0016395		
Date Assigned:	02/03/2015	Date of Injury:	03/21/2014
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania, Ohio, California
 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 male, who sustained an industrial injury on 3/21/2014. The diagnoses have included chondromalacia right knee and contusion right knee. Treatment to date has included physical therapy, injections and pain medications. According to the Primary Treating Physician's Progress Report dated 1/16/2015, the injured worker complained of knee pain 4/10. At rest, the knee pain was 1-2/10. The injured worker was noted to be status post scope with chondroplasty with excision of loose bodies on 10/31/2014. He still had difficulty with up and down stairs and had been limping. A knee injection had reduced pain approximately 50% for one week. Objective findings revealed minimal swelling of the right knee, tender medial and lateral joint line with positive crepitus. Authorization was requested for magnetic resonance arthrogram of the right knee to rule out recurrent meniscus tear. On 1/23/2015, Utilization Review (UR) non-certified a request for Magnetic Resonance Arthrogram of the Right Knee. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Magnetic resonance (MR) arthrogram of the right knee, as an outpatient: 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), Knee and LEg, MRI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 13 / Knee Page(s): 343.

Decision rationale: ACOEM cautions against relying only on imaging studies to evaluate the source of knee symptoms. Only limited clinical information has been provided at this time. An office note of 1/16/15 describes symptoms of catching/giveaway and recommends an updated MRI knee to rule out a recurrent meniscus tear. However, there is no discussion of when past MRI imaging of the knee may have occurred, what it showed at the time, and what the patient's clinical course has been in the interim since that prior MRI. No other clinical documentation has been provided currently. Therefore, at this time there is insufficient information to support an indication for a repeat MRI knee. This request is not medically necessary.