MAXIMUS Federal Services

Case Number:	CM15-0133857		
Date Assigned:	07/22/2015	Date of Injury:	11/07/2014
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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 29 year old male who sustained an industrial injury on 11/07/2014. Mechanism of injury occurred when he was hit by a forklift and his left ankle and knee twisted and he lost his balance and fell to the floor. Diagnoses include left knee sprain-strain with possible internal derangement, right shoulder sprain-strain with possible derangement and left ankle sprain-strain. Treatment to date has included diagnostic studies, medications, ankle splinting, physical therapy and a home exercise program. His medications include Tylenol # 3, and Ultracin lotion. An unofficial report of a Magnetic Resonance Imaging of the left knee and left ankle done on 11/24/2014 showed his left knee revealed minimal suprapatellar pouch effusion, low grade sprain of proximal fibular collateral ligament and tendinopathy of origin of popliteus tendon near lateral femoral epicondyle. His left ankle suggested sprain or partial tear of the anterior talofibular ligament, minimal arthrosis-anterior bony impingement of tibiotalar joint with mild tendinopathy of the peroneus longus tendon and minimal Achilles tendinopathy. A physician progress note dated 05/21/2015 documents the injured worker complains of pain in the left knee and it gives way with prolonged walking. He has left knee pain with weight bearing and right shoulder pain. There is tenderness present with decreased range of motion and decreased strength. The treatment plan includes refilling his medications Tylenol #3, and Ultracin lotion and physical therapy. Treatment requested is for MRI (magnetic resonance imaging) Arthrogram, Left Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) 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: Knee & Leg-MR (magnetic resonance) Arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 47.

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.According to the ODG guidelines, an MR arthrogram 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 case, the claimant had a recent MRI of the knee. There was no indication of a new injury that would indicate a change in MRI. There was no mention of surgery. The request for an Arthorgram is does not meet the guidelines and is not medically necessary.