

Case Number:	CM15-0143944		
Date Assigned:	08/05/2015	Date of Injury:	08/17/2012
Decision Date:	09/03/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina
 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 49-year-old male, who sustained an industrial injury on 08-17-2012. On provider visit dated 05-27-2015 the injured worker has reported neck pain that radiated to the right shoulder, back pain, right upper extremity pain and right knee pain. On examination of the right knee revealed minimal tenderness to palpation, range of motion was full and McMurrays test was positive. Valgus-vagus stress test was negative. The diagnoses have included rule out meniscus tear-right knee. Treatment to date has included paraffin bath interferential unit and medication. Per documentation, the injured worker underwent a MRI of the right knee on 02-06-2015. The injured worker was noted not to be working. The provider requested MR (magnetic resonance) Arthrogram, right knee to rule out meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (magnetic resonance) Arthrogram, Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Lef (Acute & Chronic) MR Arthrography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI arthrogram, knne.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that MRI arthrography is indicated in the evaluation of suspected recurrent or residual tear of the meniscus post surgical intervention. MRI is superior for initial evaluation of suspected meniscal tear. The patient is not post knee surgery and therefore the request is not medically necessary.