

Case Number:	CM15-0149432		
Date Assigned:	08/12/2015	Date of Injury:	04/28/2015
Decision Date:	09/15/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 56-year-old who has filed a claim for knee pain reportedly associated with an industrial injury of April 28, 2015. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for MR arthrography of the knee. The claims administrator referenced an RFA form received on June 23, 2015 in its determination. A progress note of June 26, 2015 was also cited. The claims administrator invoked non-MTUS ODG Guidelines in his determination. The claims administrator stated that the applicant had already had knee MRI imaging of May 28, 2015 demonstrating suspicious for a meniscal tear and/or tricompartmental arthritis. The claims administrator contended that the earlier non-contrast MRI was diagnostic. The applicant and/or applicant's attorney subsequently appealed. In a June 16, 2015 progress note, the applicant reported ongoing complaints of knee pain. The applicant had received two corticosteroid injections. The applicant was on Relafen, Tylenol, and tramadol, it was reported. The applicant's pain complaints were severe to a 9/10, it was reported. The applicant was off of work, on total temporary disability. The applicant's BMI was 27. The applicant exhibited difficulty getting around and is now using crutches to move about. 1+ knee effusion was noted. Tenderness about the medial and lateral joint lines were appreciated. The attending provider gave the applicant diagnoses of advanced patellofemoral arthritis and possible meniscal tear. The applicant was asked to obtain an MR arthrogram of the knee while remaining off of work, on total temporary disability. Norco was renewed. The applicant was asked to discontinue usage of the knee brace. The applicant was placed off of work. The attending provider also performed a knee corticosteroid injection and stated that the

MR arthrogram was intended for the purpose of ruling out a meniscal tear. The applicant was 56 years old, it was reported. On June 2, 2015, the applicant consulted an orthopedic knee surgeon. The said orthopedic knee surgeon diagnosed the applicant with knee chondromalacia, tricompartmental osteoarthritis, and patellar tendinopathy. The applicant had had knee MRI imaging on May 28, 2015 notable for a tiny superior articular surface tear at the junction of the anterior horn and mid zone of the medial meniscus, of uncertain clinical significance. A chondral defect and tricompartmental arthritic changes were appreciated. The attending provider stated that the applicant was not a candidate for surgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee MRI Arthrogram: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 485 MR ARTHROGRAM.

Decision rationale: No, the proposed right knee MR arthrogram was not medically necessary, medically appropriate, or indicated here. The requesting provider stated on June 15, 2015 that he was intent on performing knee MR arthrography to rule out a meniscal tear. While the MTUS Guideline in ACOEM, Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can confirm a diagnosis of knee meniscus tear, the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 qualifies its position by noting that such testing is indicated only if surgery is being considered or contemplated. Here, the June 15, 2015 progress note made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the injured knee. The applicant was given a diagnosis of advanced patellofemoral arthritis on that date. In an earlier progress note of June 2, 2015, the applicant consulted a knee surgeon who diagnosed the applicant with tricompartmental arthritis and informed the applicant that surgical treatment was not indicated. While the Third Edition ACOEM Guidelines do support MR arthrograms in applicants who require advanced imaging of the menisci following prior knee procedures, here, again, the fact that the applicant was not actively considering or contemplating any kind of surgical intervention involving the knee based on the outcome of the study, coupled with the fact the applicant's primary operating diagnosis appeared to be advanced multi-compartmental arthritis, taken together, argued against the need for the knee MR arthrogram in question. Therefore, the request was not medically necessary.