

Case Number:	CM15-0181549		
Date Assigned:	09/22/2015	Date of Injury:	08/15/2011
Decision Date:	11/03/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/15/2015

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 53 year old female who sustained an industrial injury on 08-15-2011. Current diagnoses include left knee internal derangement rule out tricompartmental degenerative joint disease, and lumbar spine radiculopathy. Report dated 08-24-2015 noted that the injured worker presented with complaints that included left knee pain and swelling with crepitus and buckling. Physical examination performed on 08-24-2015 revealed limited range of motion, positive effusion and crepitus-sharp endpoint, lack of full extension-worse since last exam. Previous diagnostic studies included a MRI left knee arthrogram on 12-05-2014, and CT guidance for left knee arthrogram on 12-05-2014. Previous treatments included medications, surgical interventions, and physical therapy. The treatment plan included request for all medical records, request for left knee arthrogram and Synvisc injection left knee, written prescription for Tylenol #4, and follow up in 2 weeks. Request for authorization dated 08-24-2015, included requests for left knee arthrogram and left knee arthroscopy. The utilization review dated 09-05-2015, modified the request for left knee MR arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthrogram: Overturned

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 - MR arthrography.

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

Decision rationale: The patient has persistent left knee swelling with crepitus and buckling. The current request is for left knee arthrogram. The treating physician is requesting a left knee MR arthrogram to assess for re-tear. 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 study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography. In this case, the records indicate that the patient had two previous surgeries on the left knee. The records indicate the surgeries involved a repair as opposed to a debridement. The attending physician needs to determine a course of action and has recommended an MR arthrogram to assess for re-tear. The request and medical records are consistent with ODG guidelines and the request is therefore medically necessary.