

Case Number:	CM15-0181730		
Date Assigned:	10/14/2015	Date of Injury:	07/22/2005
Decision Date:	11/30/2015	UR Denial Date:	09/09/2015
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

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:

This is a 54-year-old female with a date of industrial injury 7-22-2005. The medical records indicated the injured worker (IW) was treated for status post right knee scope (6-7-10) with patellofemoral arthritis. In the progress notes (8-7-15), the IW reported continued buckling and giving way of the right knee. Pain was constant and rated 8 out of 10. On examination (8-7-15 notes), there was "moderate diffuse swelling peripatellar tendon medial lateral joint line". There was crepitus and very painful McMurray. Flexion was 110 degrees and extension was 0 degrees. Much of the documentation was difficult to decipher. Treatments included knee arthroscopy. A Request for Authorization dated 8-7-15 was received for an MR arthrogram of the right knee. The Utilization Review on 9-9-15 non-certified the request for an MR arthrogram of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee (Acute & Chronic): (MR Arthrography) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter under MR Arthrography.

Decision rationale: The patient was injured on 07/22/05 and presents with right knee pain. The request is for a MR arthrogram of the right knee. The RFA is dated 08/26/15 and the patient is temporarily totally disabled. The utilization review denial letter states that "the patient was last awarded a MR arthrogram of the knee in 03/06/2011." Treatment reports provided are illegible. ODG guidelines, Knee & Leg Chapter under MR Arthrography states: "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%." The patient has buckling and giving way of the right knee, moderate diffuse swelling of the peripatellar tendon medial lateral joint line, crepitus, a painful McMurrays, and a restricted range of motion. She is diagnosed with status post right knee scope (6-7-10) with patellofemoral arthritis. The reason for the request is not provided. The patient was authorized for a MR arthrogram of the knee on 03/06/2011; however, it is unclear if the patient had this MR arthrogram and the results of this study are not provided. It is not clear why the treater is requesting for another MR arthrogram. Additionally, there is no indication of any recent knee surgery. ODG supports the use of MR arthrograms only for post-operative use. Therefore, the request is not medically necessary.