

Case Number:	CM15-0189638		
Date Assigned:	10/01/2015	Date of Injury:	04/25/2014
Decision Date:	11/12/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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 injured worker is a 41 year old female, who sustained an industrial injury on 4-25-2014, resulting in pain or injury to the left knee. A review of the medical records indicates that the injured worker is undergoing treatment for contusion of the lumbar spine, lumbosacral musculoligamentous strain, contusion of the left knee, and sprain-strain of the left knee. On 8-25-2015, the injured worker reported that on 8-20-2015, her left knee gave way, falling and injuring her left knee, with a second episode the previous week where her knee gave out and she almost fell. The injured worker reported swelling and pain, with no change to the lumbar spine, rating the pain as 7-8 out of 10, unrelated to activity with to left buttock and lateral left thigh with occasional tingling of knee. The Primary Treating Physician's report dated 8-25-2015, noted the injured worker was attending aquatic therapy, working modified duty. The injured worker's current medications were noted to be Norco and Motrin. The physical examination was noted to show the injured worker ambulating with a cane, and tenderness of the medial joint and patella of the left knee, difficult to test the knee due to pain. On 4-21-2015, an electromyography (EMG) and nerve conduction study (NCS) of the left lower extremity were noted to be normal with no significant lumbar radiculopathy detected. The treatment plan was noted to include prescriptions for Norco and Motrin, and awaiting authorization for a MR Arthrogram. The request for authorization dated 8-28-2015, requested a MR Arthrogram of the left knee. The Utilization Review (UR) dated 9-4-2015, denied the request for a MR Arthrogram of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: Per MTUS guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: 1) Patient is able to walk without a limp 2) Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: 1) Joint effusion within 24 hours of direct blow or fall 2) Palpable tenderness over fibular head or patella. 3) Inability to flex knee to 90 degrees. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over-diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. There is no supporting documentation that the injured worker has failed with conservative treatment and no other imaging studies have been conducted prior to this request. Additionally, MRI is preferred to MRA, therefore, the request for MR Arthrogram left knee is not medically necessary.