

Case Number:	CM15-0198235		
Date Assigned:	10/13/2015	Date of Injury:	12/12/2010
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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, 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 53 year old female, who sustained an industrial injury on 12-12-2010. She has reported subsequent bilateral knee, low back, bilateral wrist and bilateral shoulder pain and was diagnosed with lumbar spine sprain and strain, radiculitis of the right lower extremity, lumbar degenerative disc disease and recurrent right meniscus tear status post right ACL reconstruction and meniscus debridement. Treatment to date has included pain medication, application of heat, acupuncture and surgery, which were noted to have failed to significantly relieve pain. In progress notes dated 06-24-2015 and 07-29-2015, the injured worker reported constant bilateral low back pain rated as 6-7 out of 10 and bilateral knee pain right greater than left that was rated as 9-10 out of 10 with numbness and tingling in the right lower extremity. Objective findings of the right knee on 06-24-2015 and 07-29-2015 revealed nonspecific tenderness, mild tenderness at the medial peripatellar on the right, positive Apley's grinding test on both knees, positive McMurray test with interior rotation and McMurray test with exterior rotation, right knee pain. The physician noted that a request for MR arthrogram of the right knee was being made because "the previous studies are too old." There was no documentation as to the results of prior radiographic studies of the right knee that may have been performed or the date of those studies. In a progress note dated 08-26-2015, the injured worker reported bilateral shoulder, bilateral wrist, neck, low back and bilateral knee pain. Shoulder, wrist and neck pain was rated as 6 out of 10, low back pain was rated as 8 out of 10 and bilateral knee pain was rated as 10 out of 10. Knee pain was noted as being worse on the right and the injured worker also reported numbness and tingling of the right lower extremity with an episode yesterday where the left knee gave out. Pain was noted to be reduced with rest, activity modification

and heat. Objective examination findings were the same as the examination findings on 07-29-2015. Work status was documented as modified. A request for authorization of outpatient MRI with arthrogram of the right knee was submitted. As per the 09-09-2015, utilization review, the request for outpatient MRI with arthrogram of the right knee was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI with arthrogram, right knee: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee (MR arthrogram).

Decision rationale: CA MTUS/ACOEM Guidelines do not address MR arthrogram of the knee. ODG states this test may be used as a post-operative option to help diagnose a suspected residual or recurrent meniscal tear, for meniscal repair or for resection of more than 25% of the meniscus. This patient had an ACL repair in June 2015 and a partial lateral meniscectomy in September 2015. She reports pain in the knee and "giving out" of the joint. There is no reported locking of the joint suggesting a meniscal tear. There is no indication that greater than 25% of her meniscus was removed or that she had a residual or recurrent tear. Therefore, the request is not medically necessary or appropriate.