

Case Number:	CM15-0205456		
Date Assigned:	10/22/2015	Date of Injury:	06/09/2014
Decision Date:	12/04/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 6-9-14. The injured worker was being treated for left knee industrial injury, complex medial meniscal tear of left knee and status post left knee arthroscopy. On 10-1-15, the injured worker complains of continued pain and discomfort in left knee particularly at medial side. Physical exam performed on 10-1-15 revealed well healed arthroscopic portals and tenderness to palpation over the inferomedial joint line. Treatment to date has included left knee arthroscopy (12-12-14), Kenalog injection (not beneficial), physical therapy and activity modifications. On 10-7-15 request for authorization was submitted for MRI arthrogram of left knee. On 10-12-15 request for MRI arthrogram of left knee was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (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 (Acute & Chronic), MR arthrography.

Decision rationale: The claimant sustained a work injury in June 2014 while working as a Police Officer with a twisting injury during a vehicle pursuit and underwent right knee arthroscopic surgery for a complex medial meniscus tear in December 2014 where a partial meniscectomy was done. He has post-operative physical therapy. In July 2015 he had persistent medial peripatellar pain and an injection was performed. When seen, there had been no improvement after the injection. He has medial knee pain and discomfort. Physical examination findings included inferomedial joint line tenderness without other reported abnormal finding. An MR arthrogram of the knee is recommended as a postoperative option to help diagnose a suspected residual or recurrent meniscal tear. In this case, there are no complaint or physical examination findings that would support the presence of a new meniscus injury. Plain film x-ray with weight bearing views could be considered as an initial post-operative study. The requested MR arthrogram is not medically necessary.