

Case Number:	CM15-0022024		
Date Assigned:	02/11/2015	Date of Injury:	05/10/2013
Decision Date:	04/02/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52 year old female with an industrial injury dated May 10, 2013. The injured worker diagnoses include chondromalacia patellae. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, rest, ice therapy, physical therapy and periodic follow up visits. MRI from November 2013 revealed patellofemoral chondromalacia. According to the progress note dated 1/21/2015, the injured worker presented for reevaluation regarding right knee. The treating physician noted new symptoms of achiness and pain along the medial and lateral aspect of her knee with instability, fatigability, buckling, and a locking sensation. The treating physician prescribed services for an updated MRI arthrogram for the right knee. Utilization Review determination on January 29, 2015 denied the request for MRI arthrogram for the right knee, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: The MTUS Guidelines support the limited use of MR arthrography in diagnosing meniscal tears in some cases but stresses that MRI is a better study, both for accuracy and for the risk of complications. The submitted and reviewed documentation indicated the worker was experiencing right knee pain, weakness, locking, and buckling. There was no discussion detailing why the MR arthrography was preferred or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a right knee MR arthrogram is not medically necessary.