

Case Number:	CM15-0028101		
Date Assigned:	02/20/2015	Date of Injury:	03/12/2013
Decision Date:	04/15/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 45-year-old man sustained an industrial injury on 3/12/2013. The mechanism of injury was not detailed. Treatment has included oral medications, physical therapy, surgical intervention, and home exercise program. Physician notes dated 1/7/2015 show complaints of right knee pain. The worker states his symptoms have increased including weakness, tingling, numbness, locking, and giving out. Recommendations include MR arthrogram, activities as tolerated, continue home exercise program, heat and cold, and continue current medications. On 1/20/2015, Utilization Review evaluated a prescription for MRI of lower extremity joint with dye, that was submitted on 2/13/2015. The UR physician noted the documentation noted full range of motion and no instability. There is no indication of a change in condition or re-injury that would necessitate repeat testing. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

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 ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, MRI arthrography.

Decision rationale: The official disability guideline recommends an MR arthrogram of the knee as a postoperative option to help diagnose a suspected residual or recurrent tear of the meniscus. The injured employee has had knee surgery however; this was for an anterior cruciate ligament reconstruction and synovectomy, which was performed on June 19, 2014. There is no justification supplied why can arthrogram is needed as opposed to a standard MRI if reassessment of the knee was desired. As such, this request for an MR arthrogram of the right knee is not medically necessary.