MAXIMUS Federal Services

Case Number:	CM15-0028742		
Date Assigned:	02/20/2015	Date of Injury:	03/26/2014
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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 45-year-old male plant operations maintenance worker, who sustained an industrial injury on 3/26/14. On 2/17/15, the injured worker submitted an application for IMR for review of MR Arthrogram of Right knee. The treating provider has reported the injured worker complained of constant left elbow pain with occasional right knee pain with activity, and left elbow pain along joint line. The diagnoses have included contusion left elbow, left elbow sprain/strain, right knee sprain/strain, contusion right knee. Treatment to date has included x-rays left elbow (4/28/14), knee brace, crutches, MRI right knee (4/8/2014), right knee MRI arthrogram (7/25/14), chiropractic care, and physical therapy. On 1/23/15 Utilization Review non-certified MR Arthrogram of Right knee. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram fo Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation 1) American College of Radiology (ACR)

Appropriateness Imaging Criteria for Acute Trauma to the Knee, 2008, Last Reviewed 2013. 2) American College of Radiology (ACR) Appropriateness Imaging Criteria for Nontraumatic Knee Pain, 1995, Last Reviewed 2012

Decision rationale: Magnetic resonance imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. Magnetic resonance arthrography (MRA) consists of the direct puncture of a joint and intraarticular injection of diluted gadolinium or saline solution. The MRA allows for better imaging of articular and meniscus joint pathology when compared to MRI imaging, thus allowing the patient to avoid unnecessary diagnostic arthroscopy and allows for better therapeutic planning. According to the ACR, there is no indication for knee MRA in the non-traumatic knee and no indication for a repeat knee MRA in acute trauma. The patient had a right knee MRA on 25 Jul 2014. The provider did not give a reason for ordering a repeat of this study so soon after the last study although a request for knee arthroscopy has been made. Significant changes in the MRA result would not be expected without a compatible history of significant new trauma to the patient's knee, which is not the case. Medical necessity for this procedure has not been established.