

Case Number:	CM15-0210872		
Date Assigned:	10/29/2015	Date of Injury:	10/01/2008
Decision Date:	12/21/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, New York, 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 applicant is a represented 60-year-old who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of October 1, 2008. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve a request for an MR arthrogram of the knee. The claims administrator referenced a June 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 12, 2015, the applicant reported ongoing issues with shoulder and knee pain, 8-9/10. The applicant was using Tylenol No. 3 for pain, relief, the treating provider reported. The applicant was using a cane to move about. Lifting and reaching overhead remained problematic, the treating provider reported. The applicant had undergone 2 prior knee surgeries in 2010 and 2011, the treating provider reported. The applicant apparently exhibited positive McMurray maneuver about the previously operated upon right knee. Work restrictions were endorsed, although the treating provider stated that the applicant was not working with said limitations in place. Urine drug testing was sought. There was no seeming mention of the need for MR arthrography of the knee. On October 9, 2015, the applicant reported ongoing issues with right knee pain, 7/10. The applicant had had undergone 2 prior knee surgeries, it was reported. The applicant exhibited limp about the right knee, the treating provider reported, with -5 to 110 degrees of knee range of motion. The applicant was placed off of work, on total temporary disability, it was noted on this date. Drug testing was again sought. Once again, there was no explicit mention of the need for the MR arthrogram at issue. On an RFA form, not clearly dated, an MR arthrogram of the right knee was sought. On an

earlier procedure note dated April 16, 2013, the applicant received a knee corticosteroid injection for a reported diagnosis of knee arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR 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), Treatment Index, 13th Edition (Web), 2015, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation 1. ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, page, 485.

Decision rationale: No, the request for an MR arthrogram of the knee was not medically necessary, medically appropriate, or indicated here. The applicant's presentation was consistent, among other things, with a diagnosis of meniscus tear. While the MTUS Guideline in ACOEM Chapter 13, Table 3-2, page 335 does acknowledge that knee MRI imaging can be employed to confirm diagnosis of meniscus tear, the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 qualifies its position by noting that such testing is indicated only if surgery is being considered or contemplated. Here, however, the undated RFA form made no mention of the applicant's willingness to consider or contemplate any further surgical intervention involving the injured knee based on the outcome of the study in question. It was not stated how (or if) the proposed knee MR arthrogram would influence or alter the treatment plan. While the Third Edition ACOEM Guidelines Knee Chapter acknowledges that MR arthrography can be employed for select applicants who require advanced imaging of the knee following earlier non-contrast MRI imaging, the Third Edition ACOEM Guidelines qualifies its position by noting that MRI imaging is not recommended in the routine evaluation of applicants with chronic knee joint pathology, including that associated with degenerative joint disease, as was reportedly present here, the treating provider stated on an earlier corticosteroid injection procedure note of April 16, 2013. It was not clearly stated or clearly established, in short, why the MR arthrogram in question was sought, nor was it stated how the MR arthrogram would influence or alter the treatment plan. It was not clearly stated why MRI arthrography was proposed if the applicant in fact carried an established operating diagnosis of knee arthritis. Little-to-no narrative commentary accompanied an undated RFA form, referenced above. Therefore, the request is not medically necessary.