

Case Number:	CM15-0213438		
Date Assigned:	11/03/2015	Date of Injury:	05/12/2006
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/29/2015

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: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 05-12-2006. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right knee meniscus tear and chronic post-traumatic subtalar arthritis. Medical records (04-30-2015 to 09-28-2015) indicate ongoing right knee and right ankle pain. Pain levels were rated 7 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. The IW's work status was not specified on the most recent progress report. The physical exam, dated 09-28-2015, revealed an antalgic gait with use of a cane, fluid in the right knee joint space, limited flexion of the right knee, swelling and crepitus to the right knee, positive McMurray's test, tenderness and restricted range of motion in the right ankle, pain and swelling to the right ankle, and instability with drawer test. Relevant treatments have included: right knee surgery (meniscus repair 2014), right ankle surgery (arthroscopy 2009), physical therapy (PT), right knee injections, work restrictions, and pain medications. The treating physician indicates that x-rays of the right knee (04-2015) showed minor degenerative joint disease with no fracture or dislocation. A MRI of the right knee was completed on 03-04-2015 and showed a tear residual of prior surgery to the anterior horn of the lateral meniscus, a small joint effusion, and a 4mm ganglion cyst at the origin of the intact anterior cruciate ligament. The request for authorization (09-30-2015) shows that the following tests was requested: one MR arthrogram for the right knee. The original utilization review (10-06-2015) non-certified the request for one MR arthrogram for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: Review indicates the patient is s/p right knee arthroscopic surgery in 2014 with repeat MRI on 3/4/15 which showed a tear residual of prior surgery to the anterior horn of the lateral meniscus, a small joint effusion, and a 4mm ganglion cyst at the origin of the intact anterior cruciate ligament. The patient has unchanged symptom complaints and clinical findings for this chronic 2006 injury without clinical change, red-flag conditions or functional deterioration since recent MRI of the knee performed. There is no report of new injury, failed conservative trial or limitations with ADLs that would support for an Arthrogram when the MRI has not identified any significant acute findings. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met as ODG recommends Knee Arthrogram for suspected residual or recurrent tear, for meniscal repair and meniscal resection of more than 25%. The MR arthrogram for the right knee is not medically necessary and appropriate.