

Case Number:	CM15-0216803		
Date Assigned:	11/06/2015	Date of Injury:	08/26/2014
Decision Date:	12/23/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, Michigan, California
Certification(s)/Specialty: Family Practice

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 37 year old female who experienced a work related injury on August 26, 2014. Diagnoses include knee, leg, ankle and foot injury, right knee sprain and strain, right anterior cruciate ligament tear. Diagnostics consisted of a MRI of the right knee on November 24, 2014 revealing a small joint effusion, likely chronic near-complete full-thickness tear of the anterior cruciate ligament but with extensive motion artifact present. Treatment was composed of physical therapy, a home exercise program, medications, knee orthosis and a cane for assistance with ambulation. The request is for an open MRI without contrast with sedation of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI without contrast with sedation of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.gov/pubmed/19631496>.

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

Decision rationale: The injured worker experienced a work related injury that created chronic right knee pain. An MRI was performed on November 24, 2014 for evaluation of the pain and instability but was limited by motion artifact caused from the inability of the injured worker to lay still. Despite the motion artifact, the MRI revealed a likely tear of the anterior cruciate ligament. Chart review showed persistent right knee pain and instability in spite of conservative therapy. Request has been made for an open MRI of the right knee with sedation to help avoid the injured worker from moving during the MRI and causing motion artifact and thus increase the likelihood that high quality images will be produced. ACOEM Guidelines tell us that MRI imaging is highly effective in identifying and defining knee pathology. In particular, MRI for anterior cruciate ligament tear is valuable as these injuries are commonly missed or over diagnosed by inexperienced examiners. Consequently, the request for open right knee MRI without contrast with sedation is medically necessary and appropriate.