

Case Number:	CM15-0216881		
Date Assigned:	11/06/2015	Date of Injury:	08/23/2015
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 53 year old male who sustained an industrial injury on 8-23-2015. A review of medical records indicates the injured worker is being treated for right MCL strain. Medical records dated 9-16-2015 noted knee pain rated 7 out of 10. Physical examination noted tenderness to palpation of the right MCL and a positive antalgic gait. Treatment has included Vicodin since at least 9-16-2015 and physical therapy. Utilization review form dated 10-14-2015 noncertified MRI arthrogram of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of right knee #1: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic), MR arthrography (2) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in August 2015 when, he was standing on his right knee and twisted to the left. He felt a pop over the medial joint line. He has a history of a motor vehicle accident in 1994 with a right tibial plateau fracture treated with ORIF and had arthroscopic knee surgery in 2000. He had two sessions of physical therapy beginning on 10/20/15 with a reported increase in symptoms and was seen again for an initial evaluation by another therapy provider on 10/27/15. He had moderate swelling with decreased range of motion and severe pain with attempts at straightening the knee. He had decreased strength. McMurray's testing and valgus stressing were positive. He had an antalgic gait with use of two axillary crutches. When seen by the requesting provider he had been seen in an emergency room. Authorization is being requested for an MRI arthrogram of the knee. An MR arthrogram of the knee is recommended as a postoperative option to help diagnose a suspected residual or recurrent meniscal tear, for meniscal repair, or for meniscal resection of more than 25%. In terms of imaging, an MRI scan of the knee is considered sensitive and specific for detecting meniscal tears or ligament injury. Criteria for obtaining an MRI include trauma with suspected ligament or meniscal injury. In this case, the claimant has a history of trauma and has not improved after conservative treatments. The physical examination is partially non diagnostic due to pain and the claimant has findings of internal derangement and is not tolerating physical therapy. An MRI of the knee is medically necessary. However, the criteria for an MR arthrogram are not met. For this reason, the request is not medically necessary.