

Case Number:	CM15-0217484		
Date Assigned:	11/09/2015	Date of Injury:	08/22/2008
Decision Date:	12/22/2015	UR Denial Date:	10/06/2015
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: 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 56 year old female, who sustained an industrial injury on 8-22-2008. The injured worker is undergoing treatment for: right knee lateral meniscus tear, status post arthroscopy, right knee osteoarthritis, right ankle pain, right hip pain, low back pain. On 8-27-15, she rated low back pain 4-5 out of 10, right knee pain 6-7 out of 10 and left knee pain 4-5 out of 10. On 10-1-15, she reported pain to the back, bilateral knees and right hip. She rated her back pain 6-8 out of 10, and indicated it radiated into the right hip and buttocks. She rated her right knee pain 6-8 out of 10 and indicated there to be weakness and instability. Left knee pain is rated 6 out of 10. Right hip pain rated 8 out of 10 with decreased range of motion and numbness and tingling. Objective findings revealed decreased low back range of motion, tenderness to the low back, positive right straight leg raise testing, inability to do heel and toe walking, decreased deep tendon reflexes in the L4 and S1 nerve roots bilaterally, normal sensation in L4 nerve distribution, decreased sensation in L5 and S1 nerve distribution, decreased range of motion of the right knee, tenderness in the right knee with decreased muscle strength. The treatment and diagnostic testing to date has included: 2D echocardiogram and Doppler study (7-7-15), urine drug testing (8-27-15), medications, right knee surgery (2008), MRI of the right knee (2008 and 2012), and at least 12 sessions of post-operative physical therapy, orthovisc injection of right knee (2011), right knee x-rays (8-27-15) reported to reveal valgus alignment with lateral joint space narrowing of about 2 mm and patellofemoral narrowing of 3mm, and bone spur medially. Medications have included aleve or ibuprofen. Current work status: not working. The request for authorization is for right knee MR arthrogram with intraarticular Gadolinium. The UR dated

10-6-2015: non-certified the request for right knee MR arthrogram with intraarticular Gadolinium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee: MR Arthrogram with intra-articular Gadolinium: 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), Chapter Knee, MRI (magnetic resonance imaging).

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

Decision rationale: Per MTUS guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: 1) Patient is able to walk without a limp. 2) Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: 1) Joint effusion within 24 hours of direct blow or fall 2) Palpable tenderness over fibular head or patella. 3) Inability to flex knee to 90 degrees 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) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. There is no supporting documentation that the injured worker has failed with conservative treatment and no other imaging studies have been conducted prior to this request. Additionally, MRI is preferred to MRA. In this case, the injured worker is diagnosed with right knee lateral meniscus tear (repaired) and right knee osteoarthritis. She had previous MRIs of the right knee in 2008 and 2013. Recent right knee x-rays revealed valgus alignment with lateral joint space narrowing of about 2 mm and patellofemoral narrowing of 3mm, and bone spur medially. There is no evidence of an acute trauma that would raise the suspicion of a new injury. The request for MR Arthrogram with intra-articular Gadolinium is not medically necessary.