

Case Number:	CM15-0223417		
Date Assigned:	11/19/2015	Date of Injury:	09/06/2014
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/13/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 62 year old male, who sustained an industrial injury on 9-6-2014. Several documents in the provided medical records are difficult to decipher. The injured worker was being treated for status post left knee surgery. The injured worker (8-6-2015) reported left knee pain with grinding, clicking, and swelling. The physical exam revealed decreased range of motion, no swelling or tenderness, and 3 arthroscopic portals on the dorsum of the left knee. The injured worker (9-21-2015) reported ongoing moderate right knee pain and weakness. The treating physician noted the physical exam was "essentially unchanged from prior visit". The MRI of the left knee (2-17-2014) stated there was moderate osteoarthritis, a degenerative tear of the lateral meniscus and possible minimal tear of the posterior horn of the medial meniscus, and moderate chondromalacia. Surgeries to date have included a left knee arthroscopic complete synovectomy with patellar chondroplasty, microfracture arthroplasty of the femoral trochlea, and lateral meniscectomy on 4-1-2014. Treatment has included postoperative physical therapy and work modifications. Per the treating physician (9-21-2015 report), the injured worker has returned to work. The requested treatments included an MR Arthrogram of the left knee. On 10-28-2015, the original utilization review non-certified a request for an MR Arthrogram of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the left knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg chapter - MR Arthrography.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MR Arthrography.

Decision rationale: Official Disability Guidelines also state that MR arthrography is recommended as a "post-operative option to help diagnose a suspected residual or recurrent tear". ACOEM guidelines additionally recommend arthrography of the knee suspected ligamentous or meniscus tear. The patient underwent left knee arthroscopic complete synovectomy with patellar chondroplasty, microfracture arthroplasty of the femoral trochlea, and lateral meniscectomy on 4-1-2014. Medical records indicate a concern for continued pain and decreased ROM. As such, the request for MR Arthrogram of the left knee is medically necessary.