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| Case Number: | CM15-0035701 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 06/06/2014 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 02/25/2015 |

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 47-year-old male who sustained an industrial injury on June 6, 2014. He has reported left knee pain, and has been diagnosed with posterior horn medial and lateral meniscus tears, left knee and status post arthroscopic partial posterior horn medial and lateral meniscectomies, left knee. Treatment has included surgery, physical therapy, acupuncture, medication, and steroid injection. Currently the injured worker had a mild amount of patellofemoral crepitus with motion and tenderness to palpation along the anteriomedial aspect of the knee that was exacerbated with flexion of the knee. The treatment plan included an MRI arthrogram. On February 10, 2015 Utilization Review non-certified MRI arthrogram citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter on MR Arthrogram.

Decision rationale: This presents with left knee pain. The patient is status post left knee arthroscopic surgery from approximately July 2014. The treater is requesting an MRI ARTHROGRAM LEFT KNEE. The patient's date of injury is from 06/06/2014 and he is currently on full duty. The MTUS and ACOEM Guidelines do not address this request. However, the ODG Guidelines under the Knee Chapter on MR Arthrogram states, "Recommended as a post-operative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%." The records do not show any previous MRI or MR Arthrogram of the left knee. The 01/28/2015 report shows that the patient has had postoperative issues with regards to his knee and has had persistent anterior medial knee pain and which has not improved with physical therapy, acupuncture, medication and steroid injection. There is some tenderness to palpation along the anterior and medial aspect of the knee. Provocative ligamentous stress testing reveals no significant instabilities. Motor strength and sensory exam is within normal limits. The treater would like a final study to evaluate the patient's knee for possible medial or lateral meniscal tear. In this case, the ODG Guidelines support MR Arthrogram post-operatively and the request IS medically necessary.