

Case Number:	CM15-0042570		
Date Assigned:	03/12/2015	Date of Injury:	12/29/2013
Decision Date:	04/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency 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 47 year old female, who sustained an industrial injury on 12/29/13. The injured worker has complaints of throbbing pain to her right knee with tingling and numbness and difficulty sleeping. The PR2 dated 1/19/15 noted that the injured worker has tenderness; decrease range of motion; decrease strength and decrease sensation. The diagnoses have included right knee signs/symptoms and tear of the posterior horn of the medial meniscus osteochondral lesion patella; baker cyst right knee. Orthopedic Panel QME Evaluation Report on 1/30/15 noted on 1/29/14 an Magnetic Resonance Imaging (MRI) of the right knee was done with impression of tear in the posterior horn of the medial meniscus; medial collateral ligament sprain; osteochondral lesion along the patella; bakers cyst. Magnetic Resonance Imaging (MRI) of the lumbar spine on 7/1/14 impression noted L4-5 showed a 3.0 millimeter right foraminal disc protrusion resulting in mild narrowing of the right neural foramen; scoliotic curvature of the lumbar spine. Diagnostic video arthroscopy of right knee with limited synovectomy in the area of the intracondylar notch was performed on 7/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Knee & Leg, MR arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, MR arthrography.

Decision rationale: The requested MRI Arthrogram Right Knee, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. Official Disability Guidelines, Knee, MR arthrography, recommended "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography."The injured worker has right knee pain. The treating physician has documented on 1/29/14 an Magnetic Resonance Imaging (MRI) of the right knee was done with impression of tear in the posterior horn of the medial meniscus; medial collateral ligament sprain; osteochondral lesion along the patella; bakers cyst. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, not recent physical therapy trials for the affected joints nor previous meniscal surgery. The criteria noted above not having been met, MRI Arthrogram Right Knee is not medically necessary.