

Case Number:	CM15-0048870		
Date Assigned:	03/20/2015	Date of Injury:	01/19/2012
Decision Date:	07/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 27 year old male, who sustained an industrial injury on January 19, 2012. He reported an injury to his right knee, right shoulder and low back following a slip and fall incident. The injured worker was diagnosed as having a right knee contusion and sprain/strain, right shoulder sprain/strain and thoracolumbar region sprain/strain. Treatment to date has included MRI of the right knee, right knee arthroscopy, orthotics, work modifications, chiropractic therapy and MRI of the lumbar spine. An evaluation on January 7, 2015 revealed the injured worker complained of low back pain and discomfort and bilateral knee buckling, popping, and giving way. He reported difficulty walking. On physical examination, the right knee had crepitus and a positive McMurray's sign. He had tenderness to palpation over the lateral joint line. He reported tenderness to palpation over the lumbar spine and exhibited guarding. He had a positive bilateral straight leg raise test. The diagnoses associated with the request include status post right knee arthroscopy, and lumbar spine sprain/strain. The treatment plan includes weight loss program, and work/activity modifications. A request was received for MR 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:

Magnetic resonance (MR) arthrogram of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: The ACOEM chapter on knee complaints states: 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. Table 13-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The criteria as outlined above have not been met in the provided clinical documentation. Therefore, the request is not medically necessary.