

Case Number:	CM15-0054752		
Date Assigned:	03/30/2015	Date of Injury:	05/15/2013
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/23/2015

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: Arizona, California
 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 60 year old male who sustained an industrial injury on May 15, 2013. He has reported knee pain and has been diagnosed with status post right knee arthroscopy. Treatment has included surgery, medications, physical therapy, a knee brace, and a cane. Currently the injured worker had 3 + tenderness over the patellar region, infrapatellar tendon, medial and lateral joint line, and popliteal fossa on the right. The treatment request included an 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:

MR Arthrogram Right Knee: Overturned

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): 346. Decision based on Non-MTUS Citation ODG- knee chapter and pg 47.

Decision rationale: According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining

the extent of an ACL tear. According to the ODG guidelines, an MR arthrogram is 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 case, the claimant had an MRI in the right knee which who had a complex tear of the free edge of the posterior horn in 2014. The claimant had undergone arthroscopy. The claimant had persistent pain and locking of the right knee in January 13, 2015. The request for an MR Arthrogram is appropriate and medically necessary.