MAXIMUS Federal Services

Case Number:	CM13-0060303		
Date Assigned:	05/12/2014	Date of Injury:	06/19/2008
Decision Date:	07/10/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old female who reported an injury on 06/19/2008 due to cumulative trauma while performing normal job duties. The injured worker was evaluated on 09/26/2013. It was documented that the injured worker had ongoing neck, back, and left knee pain. Objective findings at that appointment included physical examination of the low back which revealed restricted range of motion secondary to pain and tenderness to palpation of the lumbar paraspinal musculature. The injured worker's diagnoses included left knee sprain/strain with a history of arthroscopic surgery x2, degenerative joint disease, and right knee sprain/strain. The injured worker's treatment plan included electrodiagnostic studies of the bilateral lower extremities, an MRI of the lumbar spine, an MR arthrogram of the left knee, and a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM - LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, MR arthrography.

Decision rationale: The requested MRI arthrogram of the left knee is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support the use of arthrography over a traditional MRI. However, Official Disability Guidelines recommend MR arthrography as a postoperative option to assist with diagnosing residual or recurrent meniscal tears. However, the injured worker's most recent clinical evaluation did not provide any evidence of physical findings to support suspicion of a residual or recurrent tear of the meniscus. It is noted within the documentation that the injured worker has had prior knee surgery. However, without any physical examination to support the possibility of a recurrent or residual meniscus tear, an imaging study would not be supported. As such, the requested MRI arthrogram is not medically necessary or appropriate.