

Case Number:	CM14-0130490		
Date Assigned:	08/20/2014	Date of Injury:	12/16/2013
Decision Date:	09/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/15/2014

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 Occupational 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:

According to the records made available for review, this is a 38-year-old female with a 12/16/13 date of injury. At the time (6/26/14) of request for authorization for MRI Arthrogram of the right knee, there is documentation of subjective (right knee pain) and objective (tenderness over the joint line with swelling) findings, current diagnoses (right knee pain possible right knee internal derangement), and treatment to date (medications and physical therapy). There is no documentation of a suspected residual or recurrent tear postoperatively, meniscal repair, or meniscal resection of more than 25%.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) MRI arthrography.

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a suspected residual or recurrent tear postoperatively, meniscal repair, or meniscal resection of more than 25%, as criteria necessary to support the medical necessity of MRI arthrography of the knee. Within the medical information available for review, there is documentation of a diagnosis of right knee pain possible right knee internal derangement. However, there is no documentation of a suspected residual or recurrent tear postoperatively, meniscal repair, or meniscal resection of more than 25%. Therefore, based on guidelines and a review of the evidence, the request for MRI Arthrogram of the right knee is not medically necessary.