

Case Number:	CM14-0132291		
Date Assigned:	08/22/2014	Date of Injury:	08/20/2012
Decision Date:	10/31/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 available medical records, this is a 44 year old female with chronic left knee pain, date of injury is 08/20/2012. Previous treatments include knee brace, medications, physical therapy, chiropractic, injections, and home exercises. Progress report dated 06/27/2014 by the treating doctor revealed patient complains of constant moderate to severe achy, throbbing left knee pain, 6/10 on pain scale. Left knee exam revealed decreased and painful ROM, tenderness to palpation of the anterior knee, lateral joint line, medial joint line and medial knee, positive McMurray's. Diagnosis include left knee internal derangement, left knee sp/st, anxiety and depression. The patient remained off work.

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES- KNEE & LEG, MR ARTHROGRAPHY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee Complaints>, <Special Studies and Diagnostic and Treatment Considerations> Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of

diagnostic confusion (false-positive 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.

Decision rationale: Reviewed of the available medical records showed this claimant has and MRI of the left knee on 09/17/2012 with no evidence of meniscal, ligamentous or tendon tear or acute bone injury, mild to moderate patellar tendinosis, linear fissure of the trochlear articulate cartilage. Another MRI studies of the left knee on 06/18/2013 with unremarkable impression. In addition, there is no document of red-flag diagnoses in the physical exam that warrant another MRI study. Therefore, the request for MRI arthrogram of left knee is not medically necessary.