

Case Number:	CM14-0142105		
Date Assigned:	09/10/2014	Date of Injury:	05/29/2010
Decision Date:	10/10/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 is a 39-year-old with date of industrial injury reported to be May 29, 2010. On August 19, 2013, he was seen by a spine surgeon and noted to have full range of motion of both knees, negative provocative maneuvers including McMurray's, Lachman's, Apley, Anterior drawer and Pivot shift tests. He had non specific tenderness around the right knee but no evidence of instability or laxity. There was no crepitance with range of motion and both patellae tracked in the midline. Of note, the records mention that he had a medial meniscectomy in 2011 with medial compartment chondroplasty and synovectomy. A primary treating physician's report dated January 9, 2014 was reviewed as well. This indicated no gait abnormality. No knee examination or complaints were documented as this visit. Another primary treating provider visit on March 11, 2014 was reviewed and no knee complaints or examination were documented. It was noted that he had got rid of the cane that he used previously for walking and was participating in PT after having undergone an L4-L5 laminectomy. A primary treating physician report dated May 20, 2014 did not mention any knee complaints or examination. The patient's complaints were related to cervical pain and bilateral upper extremity numbness, tingling and pain. Similarly, on June 17, 2014, no complaints related to the knee or knee examination were documented. A report on July 29, 2014 did not document knee complaints or examination. Report dated February 28, 2014 by interventional pain management specialist noted knee sprain and strain. Bilateral knee medial joint lines were tender. The patient complained of knee pain right more than left.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MR Arthrography

Decision rationale: MR Arthrography is recommended as a diagnostic aid in post meniscectomy patients who had at least 25% resection of the meniscus and who are suspected of having a recurrent tear or residual tear. Although the patient has reported knee pain and did indeed undergo a surgery for meniscectomy in 2011, the clinical notes provided are conflicting about examination findings. The primary treating provider has not documented any knee complaints or findings, as indicated in the clinical summary section. The orthopedic spine surgeon who saw the patient in August 2013 documented a near normal knee examination on the right, with only "non specific diffuse tenderness" noted around the right knee. The interventional pain management specialist documented joint line tenderness in February 2014 but no provocative maneuvers, range of motion, whether an effusion was present, whether there was crepitus, whether an X ray was requested and reviewed and whether the patient had been referred to an orthopedic surgeon who would be best to evaluate knee complaints. An interventional pain management specialist is not specifically specialized in knee disorders and certainly, the provided clinical information in the report submitted by this provider is insufficient to clinically suspect a recurrent tear or residual tear of the medial meniscus. The request for an MR arthrogram of the right knee is not medically necessary or appropriate.