MAXIMUS Federal Services

Case Number:	CM14-0146177		
Date Assigned:	09/12/2014	Date of Injury:	03/09/2011
Decision Date:	11/12/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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:

Injured worker is a female with date of injury 3/9/2011. Per primary treating physician's comprehensive orthopedic evaluation and request for authorization dated 7/22/2014, the injured worker reports her left knee is still the most problematic. Surgery was performed a year ago. She feels like something is stabbing inside the knee. It causes her to use a single point cane. The knee wants to buckle and it wants to catch. She is concerned that it has not improved and she has been unable to return to work because she cannot do anything with standing or walking activities. On examination the injured worker has an antalgic gait to the left hand side. She utilizes a single point cane that is extremely worn. Callouses on her hand indicate the cane is used on a regular basis. Examination of the knee shows level plane of extension. Flexion is blocked at 110 degrees and causes extreme pain to the anterior portion of the knee. The injured worker has a blocked tibiofemoral rotation. It does not click or pop at this time. There is gross line tenderness, worse medially than laterally over the posterior horn of the medial meniscus. Anterior drawer's test shows no ligamentous laxity. There is no ballotable fluid but the knee is definitely swollen. There is palpable tenderness in the back of the knee with fullness consistent with a Baker's cyst. Patella compression test is positive with crepitation to same. Home bounce test is negative. There is no collateral ligament laxity. Neurovascularly she is intact. Diagnoses include continued left knee pain complaints with the possibility of either recurrent or unresolved internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the left knee: Upheld

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): 335, 343-345.

Decision rationale: The MTUS Guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having menical tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. The requesting physician explains that the injured worker has not had an MRI of the left knee since surgery. An arthrogram is needed to have an idea of the extent of internal derangement for recommendations in regards to impairment versus surgery. Clinically, the injured worker still has issues with the knee that may be surgically necessary for correction. The injured worker wants the arthrogram. The claims administrator notes that details of the left knee surgery are not available for review or reported by the requesting physician. Also, there are no reports of x-ray findings prior to requesting this arthrogram. Upon review of all the medical records provided, it is noted that the surgical history and abnormal imaging including x-ray is only by the injured worker's report. It does not appear that the requesting physician has any of the medical records of the surgery or of radiographic tests. Without this information, the indication for MRI arthrogram is speculative and medical necessity has not been established. The request for MRI Arthrogram of the left knee is determined to not be medically necessary.