

Case Number:	CM14-0149515		
Date Assigned:	09/24/2014	Date of Injury:	11/26/2012
Decision Date:	10/30/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 28 year old female with an injury date of 11/26/12. The 08/12/14 progress report states that the patient presents with pain to the lower back and pain and swelling to the knee. No name of the treater was provided on this report. The patient is to remain off work for 6 weeks. The examination reveals that straight leg raises remain positive, tenderness and decreased range of motion and strength. The patient's diagnoses include: Lumbar spine sprain/strain, Clinical BLE radiculopathy, and Right knee sprain/strain. The utilization review being challenged is dated 08/20/14. The rationale is that there are minimal exam findings and no physical therapy, operative or imaging documentation for review. Reports were provided from 06/18/14 to 09/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram - right knee: Overturned

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) ODG guidelines MR arthrography Topic, Knee & LegChapter

Decision rationale: The patient presents with lower back pain and pain and swelling to the right knee. The treater requests for MR arthrogram-right knee. ODG guidelines MR arthrography Topic states, "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%."The review of the provided reports do not show any discussion of the rationale of this request. Per the 06/18/14 AME report, the patient is post arthroscopy right knee 04/02/14. No operative reports or imaging studies have been provided to determine what surgery was performed, or how much of the meniscus was removed to determine whether or not MR arthrogram is needed. The treater does not discuss any rationale but the patient is post-operative, continues to be symptomatic with swelling. MR arthrogram appears reasonable and consistent with ODG guidelines. Recommendation is for authorization.