

Case Number:	CM14-0157845		
Date Assigned:	10/01/2014	Date of Injury:	03/13/2008
Decision Date:	11/06/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 worker is a 44-year-old male who reported an injury on 03/13/2008. The mechanism of injury was not provided. The injured worker's diagnoses included status post patellar tendon repair and arthroscopic surgery of the left knee, and left knee strain or sprain with degenerative chondral lesions of the medial and patellofemoral compartment. The injured worker's past treatments included physical therapy, immobilization, and medication. The injured worker's diagnostic testing included an x-ray of the left knee which was noted to indicate irregularity of the articular cortical surface of the patella. The injured worker's surgical history included an arthroscopic surgery of the left knee. On 08/25/2014, the injured worker complained of buckling of his left knee on a frequent basis. He reported that he used a brace on the left knee as well as walked with a cane. The injured worker reported that the taping with the physical therapist helped somewhat to improve the feeling of stability of the left knee. Upon physical examination, the injured worker was noted to demonstrate a mildly antalgic gait. There was 1+ patellofemoral crepitation with passive and active range of motion. Active range of motion in the knee was noted with 10 degree flexion contracture to 105 degrees of flexion. The patellofemoral grind test was positive for reproducing pain. The injured worker's current medications were not included in the documentation. The request was for an MRI arthrogram of the left knee. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

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 Page(s): 341-343.

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

Decision rationale: The request for MRI arthrogram of the left knee is not medically necessary. The Official Disability Guidelines note a systematic review of prospective cohort studies comparing MRI and clinical examination to arthroscopy to diagnosis meniscus tears concluded that MRI is useful, but should be reserved for situations in which further information is required for a diagnosis, and indications for arthroscopy should be for therapeutic, not diagnostic in nature. MRI was considered unnecessary as x-rays alone can establish the diagnosis, patellofemoral pain with a normal ligamentous and meniscal exam, the knee pain resolved before seeing an orthopedic surgeon, or the MRI findings had no effect on treatment outcome. MRI studies were deemed necessary if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. The injured worker complains of buckling on a frequent basis of the left knee. The documentation did not provide evidence of significant objective neurological deficits. The injured worker was noted to have completed at least 5 visits of physical therapy, however, there was no documented evidence of other conservative care like a home exercise program or medications. The documentation did not indicate if the conservative therapy had failed. In the absence of documentation with evidence of significant objective functional deficits, and documented evidence of new findings or suspicion of significant new pathology, and evidence of failed conservative care to include physical therapy, home exercise, and medication, the request is not supported. Therefore, the request is not medically necessary.