

Case Number:	CM14-0159127		
Date Assigned:	10/02/2014	Date of Injury:	11/17/2009
Decision Date:	11/14/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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:

This patient sustained an injury on 11/17/09 from a slip and fall on water and grease while employed by [REDACTED]. Request(s) under consideration include MR arthrogram of left knee without contrast and MR Arthrogram of right knee without contrast. Diagnoses include Knee sprain/strain; pes anserinus tendinitis/ bursitis; and insomnia. Conservative care has included medications, physical therapy, chiropractic treatment, acupuncture, and modified activities/rest. Medications list Cyclobenzaprine, Norco, Prilosec, Xanax, and topical compounds. Report of 8/11/14 from the provider noted the patient with ongoing chronic knee pain rated at 9/10 without and 6-7/10 with medications. Pain was relieved with medications and rest. Exam showed tenderness to palpation over medial and lateral knee joint lines; patellar tracking painful bilaterally; and decreased range of motion. The request(s) for MR arthrogram of left knee without contrast and MR Arthrogram of right knee without contrast were non-certified on 9/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of left knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee Chapter, MR Arthrography, page 330

Decision rationale: This patient sustained an injury on 11/17/09 from a slip and fall on water and grease while employed by [REDACTED]. Request(s) under consideration include MR arthrogram of left knee without contrast and MR Arthrogram of right knee without contrast. Diagnoses include Knee sprain/strain; pes anserinus tendinitis/ bursitis; and insomnia. Conservative care has included medications, physical therapy, chiropractic treatment, acupuncture, and modified activities/rest. Medications list Cyclobenzaprine, Norco, Prilosec, Xanax, and topical compounds. Report of 8/11/14 from the provider noted the patient with ongoing chronic knee pain rated at 9/10 without and 6-7/10 with medications. Pain was relieved with medications and rest. Exam showed tenderness to palpation over medial and lateral knee joint lines; patellar tracking painful bilaterally; and decreased range of motion. The request(s) for MR arthrogram of left knee without contrast and MR Arthrogram of right knee without contrast were non-certified on 9/3/14. The patient has unchanged symptom complaints and clinical findings for this November 2009 injury without clinical change, red-flag conditions or functional deterioration. There is no surgical knee history noted. Submitted reports indicate continuous chronic pain complaints with unchanged range of motion without neurological deficits. There is also no report of limitations, acute flare-up, new injuries, failed conservative trial, and limitations with ADLs that would support an MR Arthrogram. There is no x-ray of the knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met as ODG recommends Knee Arthrogram for meniscal repair and meniscal resection of more than 25%, not identified from submitted reports. The MR Arthrogram of left knee without contrast is not medically necessary and appropriate.

MR Arthrogram of right knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),
Knee and Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee Chapter, MR Arthrography, page 330

Decision rationale: This patient sustained an injury on 11/17/09 from a slip and fall on water and grease while employed by [REDACTED]. Request(s) under consideration include MR arthrogram of left knee without contrast and MR Arthrogram of right knee without contrast. Diagnoses include Knee sprain/strain; pes anserinus tendinitis/ bursitis; and insomnia. Conservative care has included medications, physical therapy, chiropractic treatment, acupuncture, and modified activities/rest. Medications list Cyclobenzaprine, Norco, Prilosec, Xanax, and topical compounds. Report of 8/11/14 from the provider noted the patient with

ongoing chronic knee pain rated at 9/10 without and 6-7/10 with medications. Pain was relieved with medications and rest. Exam showed tenderness to palpation over medial and lateral knee joint lines; patellar tracking painful bilaterally; and decreased range of motion. The request(s) for MR arthrogram of left knee without contrast and MR Arthrogram of right knee without contrast were non-certified on 9/3/14. The patient has unchanged symptom complaints and clinical findings for this November 2009 injury without clinical change, red-flag conditions or functional deterioration. There is no surgical knee history noted. Submitted reports indicate continuous chronic pain complaints with unchanged range of motion without neurological deficits. There is also no report of limitations, acute flare-up, new injuries, failed conservative trial, and limitations with ADLs that would support an MR Arthrogram. There is no x-ray of the knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met as ODG recommends Knee Arthrogram for meniscal repair and meniscal resection of more than 25%, not identified from submitted reports. The MR Arthrogram of right knee without contrast is not medically necessary and appropriate.