

Case Number:	CM14-0164399		
Date Assigned:	10/09/2014	Date of Injury:	12/04/2013
Decision Date:	12/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/07/2014

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 60-year-old female with a date of injury of 12/04/2013. The patient is status post right knee arthroscopy on 06/02/2014. According to progress report 09/03/2014, the patient complains of significant pain in the medial and lateral aspects of the right knee. Examination revealed moderate medial and lateral joint line tenderness. McMurray's test is equivocal on the right. Neurological status is intact in the bilateral lower extremities, and flexion and extension strength is 5/5. The listed diagnoses are: 1. Posterior horn medial meniscus tear. 2. Cartilage thinning, medial femoral condyle. 3. Effusion. 4. 06/02/2014 right knee arthroscopy, chondroplasty, medial femoral condyle, partial medial meniscectomy, multiple loose body removal, and chondroplasty patella. The provider is requesting authorization for an arthrogram MRI of the right knee "to explain the patient's symptoms." Utilization review denied the request on 09/08/2014. Treatment reports from 04/11/2014 through 09/03/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial right knee MRI arthrogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

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

Decision rationale: This patient is status post right knee arthroscopy on 06/02/2014 and continues to have significant pain in the medial and lateral aspects of the right knee with numbness and tingling. The current request is for initial right knee MRI arthrogram. The MTUS and ACOEM Guidelines are silent with regards to this request. The ODG Guidelines under its Knee Chapter for MR arthrogram states, "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscus tear or for meniscus resection of more than 25%." Utilization review denied the request stating that further investigation is not necessary as the patient has not attempted and failed to complete course of conservative care following the arthroscopic surgery. In this case, the patient is status post knee surgery on 06/02/2014, and the provider is concerned about the patient's persistent pain with numbness and tingling. ODG does support the use of an MRI arthrogram to help diagnose suspected residual or recurrent tear, and it does not appear the patient had one following the 06/02/2014 arthroscopic surgery. Initial right knee MRI arthrogram is medically necessary and appropriate. Recommendation is for authorization.