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| Case Number: | CM14-0173431 | | |
| Date Assigned: | 10/24/2014 | Date of Injury: | 04/09/2013 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 09/23/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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 46-year-old male with a date of injury of 04/09/2013. The listed diagnoses per [REDACTED] are one. Nonunion fracture medial malleolus right ankle status post ORIF on 10/05/2013.2. Lumbar spine sprain/strain with spondylolisthesis.3. Status post ACL reconstruction of the right knee, 6-mm osteochondral defect involving the medial femoral condyle, positive MR arthrogram 02/20/2014.4. Right wrist and hand sprain/strain.5. Right hand sprain/strain.6. Diabetes.7. Heterotopic ossification, right distal 1/3 leg Achilles tendinitis.8. Degenerative joint disease, right knee status post Hyalgan injection x4. According to progress report 08/11/2014, the patient presents with complaints of right knee pain, right ankle pain, and lumbar spine pain. He rates the pain 9/10 on a VAS pain scale. The patient complains of difficulty walking due to the right knee and right ankle pain. Examination of the right knee revealed restricted and painful range of motion. There is positive McMurray's test and positive medial and lateral joint line tenderness. There is positive chondromalacia patella compression test. The treater requests authorization for ultrasound-guided corticosteroid injection to the right knee, MRI arthrogram of the right knee, a right-handed cane, and physical therapy. Utilization review denied the request for MRI arthrogram on 09/23/2014. Treatment reports from 02/24/2014 through 08/11/2014 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 for MR Arthrography

Decision rationale: This patient presents with continued right knee pain. The patient is status post ACL reconstruction of the right knee on 02/20/2014. The treater is requesting an MRI arthrogram to "diagnose problems within joint with the aid of a contrast agent called gadolinium." Review of the medical file indicates that the patient had "positive MR Arthrogram 02/20/2014." The MR arthrogram report was not provided for my review. On 8/11/14, the treater requested repeat MR arthrogram for further investigation. MTUS and ACOEM are silent about this request; therefore, alternative guideline was utilized. The ODG guidelines under its Knee chapter for MR arthrography 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%." ODG under its knee chapter supports MRI's for post-operative evaluation. In this case, the patient has already had an MR arthrogram on 2/20/14 and the treater does not explain why a repeat imaging is indicated. Recommendation is for authorization.