

Case Number:	CM13-0034919		
Date Assigned:	12/11/2013	Date of Injury:	12/09/2011
Decision Date:	09/30/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old male, who sustained an industrial injury on 12-9-11 Initial complaint was of a trip and fall onto the left knee injury. The injured worker was diagnosed as having compression-contusion injury; left knee with fractured patella; status post arthroscopic left knee resection with partial patellectomy. Treatment to date has included status post arthroscopic left knee resection with partial patellectomy (2-16-12); physical therapy; medications. Currently, the PR-2 notes dated 7-30-13 indicated the injured worker presented in the office for an orthopedic follow-up evaluation. He reports he is working and has had no new injuries. He complains his left knee pain is worse. He describes the pain as dull to sharp pain in the left knee, occurring most of the time with weakness, crepitus and buckling. He walks with a mild antalgic gait protecting the left lower extremity. There is decreased sensation at the lateral distal thigh and legs on physical examination. The provider documents the patellae track normally from flexion to extension. The anterior drawer and Lachman tests are normal. There is negative pivot shift and good stability to varus and valgus stress. The McMurray's test is not checked. There is no patellar crepitation. Patellar compression test is negative and there is plica of the medial capsule bilaterally. No swelling is noted. There is tenderness of the anterior patella on the left side. The treatment plan includes a MR Arthrogram of the left knee and a 30 day supply of medication to minimize pain, inflammation and reduce the need for narcotic additives. The provider is requesting authorization of MRI arthrogram of the left knee.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines, 2nd Edition, 2008, pages 1019-1022 and the Official Disability Guidelines, Knee & Leg (updated 06/07/2013), MR arthrography.

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

Decision rationale: This claimant was injured in 2011 with a compression-contusion injury of the left knee with a fractured patella. The claimant was status post arthroscopic left knee resection with partial patellectomy. The patellae track normally from flexion to extension. The anterior drawer and Lachman tests are normal. There is negative pivot shift and good stability to varus and valgus stress. The McMurray's test is not checked. There is no patellar crepitation. Patellar compression test is negative and there is plica of the medial capsule bilaterally. No swelling is noted. The MTUS does not address repeat advanced imaging, like an MR Arthrogram, for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. In this case, however, there is a dearth of objective signs. Also, no initial plain radiograph is noted. The request was not medically necessary and appropriately non-certified under evidence-based criteria.