

Case Number:	CM14-0190578		
Date Assigned:	11/24/2014	Date of Injury:	11/06/2009
Decision Date:	03/31/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 year old male, who sustained an industrial injury on November 6, 2009. The diagnoses have included right knee internal derangement. He was treated to date with physical therapy and steroid injections, which failed. On August 8, 2014, the treating physician noted frequent, moderate right knee pain with locking, clicking, and giving way. The pain was dull and achy, and rated 5/10. The physical exam revealed a guarded gait, mild - moderate tenderness to palpation over the medial and lateral joint lines, and moderately decreased flexion. The treatment plan included a magnetic resonance arthrogram of the right knee. On October 22, 2014, Utilization Review non-certified a request for a magnetic resonance arthrogram of the right knee, noting the lack of documentation of objective/examination findings to suggest a specific diagnosis, and a magnetic resonance arthrogram is only medically necessary as an postoperative option. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, MR Arthrography

Decision rationale: The patient has frequent moderate pain in the right knee, with joint locking, clicking and giving way. The current request is for MR Arthrogram of the Right Knee. The attending physician, in his 8/11/14 PR-2, he requests an MR Arthrogram of the right knee for further evaluation of residual or recurrent tear. He also requests right knee arthroscopy due to pain, positive exam findings, and positive MRI findings. The ODG recommends MR Arthrography as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this case, the records do not indicate that the patient had a prior surgery of his right knee. There is some evidence that the patient may have had a previous MRI of the right knee, but those records were not made available for this review. Based on the ODG guidelines, the current request does not meet the criteria for MR arthrography considering there is no prior history of surgery noted, and a previous MRI was positive for internal derangement. There is no discussion as to why MR arthrography is necessary when an MRI exam was performed and was apparently of diagnostic quality. As such, recommendation is for denial.