MAXIMUS Federal Services

Case Number:	CM14-0212599		
Date Assigned:	01/02/2015	Date of Injury:	06/16/2006
Decision Date:	02/19/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	12/17/2014

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
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:

This is an individual who developed significant musculoskeletal and psychological problems subsequent to a fall with loss of consciousness on 6/16/06. He is status post a right knee Carticel replacement for chrondral defect. Recently he is experiencing increased swelling and tenderness in that knee. An MRI arthrogram is requested to evaluate for avulsion of the repair flap.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MR 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, MRI Arthrogram

Decision rationale: MTUS Guidelines do not address the issue MR arthrograms. ODG Guidelines addresses this issue and notes its value in evaluating postoperative knees, particularly for recurrent tears of the meniscus. The same principles would apply here. The MR Arthrogram

would be the most accurate test to evaluate this postoperative knee for a flap avulsion. The request for the MR arthrogram is medically necessary.