

Case Number:	CM14-0218590		
Date Assigned:	01/08/2015	Date of Injury:	07/31/2012
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

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 62 year old male with a date of injury of July 31, 2012. Results of the injury include the left knee. Diagnoses include status post cervical spine surgery and status post left knee arthroscopy. Treatment has included surgery and medications. X-rays of the the left knee performed on November 26, 2013 revealed narrowing of the medial and patellofemoral joint compartments. Progress report dated November 10, 2014 revealed the left knee swelling. There was tenderness to palpation over the medial joint and patellofemoral joint. Work status was noted as permanent and stationary. The treatment plan included MR arthrogram and Ultram. Utilization review form dated December 5, 2014 non certified Magnetic Resonance Imaging (MRI) arthrogram of the left knee due to noncompliance with MTUS guidelines.

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 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The MTUS ACOEM Guidelines state that special testing, such as MRI or MRI arthrogram, is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. MRI would be standard and indicated in these situations and not MRI arthrography. In the case of this worker, there was a flare-up of his left knee with pain and slight swelling, popping, locking, and giving way. Crepitus and tenderness was found on physical examination. He was recommended to continue with his home exercise program while also recommended to give an MR arthrogram of the left knee and to start Ultram. Considering this was a flare-up, it is reasonable to allow for continued conservative care and observation for at least a short duration of time before considering testing and invasive procedures. Since both home exercises, medications, and MR arthrogram all each were recommended at the same time, the MR arthrogram will be considered medically unnecessary without a follow-up regarding the conservative treatment's effectiveness.