

Case Number:	CM15-0100113		
Date Assigned:	06/02/2015	Date of Injury:	02/16/2015
Decision Date:	06/30/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55-year-old female, with a reported date of injury of 02/16/2015. The diagnoses include right knee joint pain, status post bilateral knee arthroscopy with residuals, and aggravation of pre-existing bilateral knee injury. Treatments to date have included physical therapy, x-ray of the right knee on 02/16/2015, which showed no fracture, normal alignment, joint space narrowing of the medial compartment, small osteophyte formation, and mild degenerative changes, oral medication, and right knee surgery in 09/2007. The orthopedic initial evaluation dated 04/15/2015 indicates that the injured worker complained of intermittent moderate neck pain with radiation to the left scapular region, and intermittent moderate pain in both knees. The physical examination of the bilateral knees showed no redness or swelling; tenderness to the medial and lateral joint line bilaterally; no crepitus; decreased flexion of the bilateral knees; and positive medial collateral ligament laxity of the right knee. The treating physician requested an MR Arthrogram of the right knee. The rationale for the request as not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance arthrogram of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MR arthrography.

Decision rationale: ACOEM notes "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation" and "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms." The treating physician does not detail the failure of conservative treatment or the treatment plan for the patient's knee. Medical notes indicate that the patient is undergoing home therapy, but also additionally notes that the home therapy exercises are not being conducted. ODG further details indications for MR arthrography: "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%. In this study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography. (Magee, 2003)". The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings that indicate the need for an MR arthrogram at this time. The medical documentation provided indicates this patient has had improvement in the reported pain with the current treatment plan. As such, the request for Magnetic Resonance arthrogram of right knee is not medically necessary.