MAXIMUS Federal Services

Case Number:	CM15-0105416		
Date Assigned:	06/09/2015	Date of Injury:	09/01/2013
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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: 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 24 year old male, who sustained an industrial injury on 9/01/2013. He reported a pivoting twisting injury to the left knee. Diagnoses include right knee internal derangement, meniscus tear, right knee sprain, left knee internal derangement, left knee sprain, and meniscus tear. Treatments to date include activity modification, physical therapy, and acupuncture treatments. Currently, he complained of pain and swelling in the left knee with catching and giving way. On 3/24/15, the physical examination documented one centimeter of quadriceps atrophy and trace effusion of the left leg and knee. The Lachman test, Anterior Drawer test, pivot-shift test, and lateral collateral laxity test were all positive. The provider documented that the MRI dated February 2014 did not correlate with the clinical findings of anterior cruciate ligament laxity. The plan of care included a request for a repeat MRI 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, MR Arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342.

Decision rationale: Per MTUS guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: 1) Patient is able to walk without a limp. 2) Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: 1) Joint effusion within 24 hours of direct blow or fall 2) Palpable tenderness over fibular head or patella. 3) Inability to flex knee to 90 degrees. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. 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. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. MRI is preferred to MRA. In this case, the injured worker had an MRI in February 2014. The MRI revealed a medial and lateral meniscus tear and was read as the anterior cruciate ligament as being intact. This does not correlate with the physical exam conducted by the orthopedic physician conducted on 3/24/15. His exam revealed anterior cruciate ligament laxity with significant pivoting and instability. The injured worker is not responding to conservative treatments. This request is to evaluate the meniscus chondral surfaces and the anterior cruciate ligament. Per available documentation, MRI is preferred to MRA, therefore, the request for MRI Arthrogram of the Left Knee is determined to not be medically necessary.