

Case Number:	CM15-0121153		
Date Assigned:	07/01/2015	Date of Injury:	01/07/2014
Decision Date:	08/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/23/2015

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: Emergency 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 50 year old female sustained an industrial injury to the left knee on 1/7/14. The injured worker underwent left knee diagnostic and operative arthroscopy with partial medial meniscectomy, debridement and synovectomy of the anterior compartment on 1/9/15. The injured worker received postoperative physical therapy and medications. In a progress report dated 5/27/15, the physician stated that the injured worker was making slow and steady progress; however, a physical therapy progress report indicated that the injured worker was still experiencing limitations regarding strength. The injured worker also experienced buckling, locking and overall instability. Physical exam was remarkable for left knee with well-healed arthroscopic portals; trace effusion, decreased range of motion, decreased strength and notable quadriceps atrophy. Current diagnoses included medial meniscus tear. The treatment plan included magnetic resonance imaging arthrogram left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI arthrogram of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): MR arthrography: 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) MR Arthrography: 2015.

Decision rationale: The patient sustained an injury to the left knee in January of 2014. She subsequently underwent a partial medial meniscectomy and synovectomy but unfortunately developed weakness and quadriceps atrophy as well as instability. The request is for an MR arthrography for further evaluation. The guidelines listed specifically state that an MR arthrography would be indicated post-surgically for evaluation of a residual tear only if greater than 25% of the meniscus was resected. The patient had 20% of her meniscus removed. As such, the request is not certified.