

Case Number:	CM15-0126410		
Date Assigned:	07/06/2015	Date of Injury:	04/25/2004
Decision Date:	07/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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: Physical Medicine & Rehabilitation

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 57-year-old male who sustained an industrial /work injury on 4/25/04. He reported an initial complaint of the right knee pain. The injured worker was diagnosed as having bilateral knee contusion, bilateral ankle sprain, lumbar musculoligamentous sprain/strain. Treatment to date includes medication, and prior knee surgeries. MRI results reported on 5/4/14 of the lumbar spine reveal L5-S1 degenerative disc disease, osteophyte and mild bulge at L3-4. Currently, the injured worker complained of continued right knee pain, weakness, as well as locking. Per the primary physician's report (PR-2) on 5/20/15, exam revealed decreased right knee motion, grade 4/5 muscle weakness in flexion and extension, and decreased right thigh circumference. The requested treatments include MR Arthrogram of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the right knee: Upheld

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

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

Decision rationale: The patient has unchanged symptom complaints and clinical findings for this chronic injury without clinical change, red-flag conditions or functional deterioration since prior MRI of the knee performed. There is also no report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for an Arthrogram when the MRI has not identified any significant acute findings. There is no x-ray of the knee for review. Guidelines states that 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). The MR Arthrogram of the right knee is not medically necessary and appropriate.