

Case Number:	CM15-0171946		
Date Assigned:	09/14/2015	Date of Injury:	04/07/2014
Decision Date:	11/17/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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: Texas, Florida, 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:

This is a 48 year old female who sustained a work-related injury on 4-7-14. Medical record documentation on 8-31-15 revealed the injured worker was being treated for internal derangement of the left knee with patellar chondromalacia, tear of the medial meniscus and degenerative disc disease. She was status post left knee arthroscopy with arthroscopic partial medial meniscectomy and chondroplasty on 1-7-15. She reported that she had continued with the self-treatment without improvement. She had a slight antalgic gait due to left knee pain. Objective findings included well-healed, non-tender arthroscopic incisions without signs of infection. She had no soft tissue swelling, instability or effusion. She had a mild pain with McMurray maneuver and mild patellofemoral irritability with satisfactory patella excursion and tracking. Her left knee range of motion was 0 to 115 degrees. Her treatment plan included home exercise program and magnetic resonance angiogram of the left knee to help guide the treatment. An MRI of the left knee on 8-11-15 revealed degenerative changes, post-surgical changes and a probable tear of the lateral meniscus. A request for magnetic resonance angiogram of the left knee was received on 8-19-15. On 8-21-15, the Utilization Review physician determined magnetic resonance angiogram of the left knee was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRA of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, under MRA.

Decision rationale: In this case, there was the injury in 2014. There was a prior surgery to the knee in January 2015. A recent MRI of the left knee from August showed a probable tear of the lateral meniscus. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: 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) In this case, however, a recent MRI did confirm a probable tear, making the MR Arthrogram unneeded. The request is not medically necessary.