

Case Number:	CM15-0042328		
Date Assigned:	03/12/2015	Date of Injury:	07/29/2012
Decision Date:	06/09/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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: Internal 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 30 year old female, who sustained an industrial injury on 07/29/2012. She reported injuring her ankle. The injured worker is currently diagnosed as having left knee sprain/strain, left knee medial popliteal cyst, left patellofemoral pain syndrome, left ankle sprain/strain, left ankle torn cartilage, minimal tenosynovitis of the left ankle, left Achilles heel tendonitis, and left ankle attenuated fibers of the anterior talofibular ligament. Treatment and diagnostics to date has included physical therapy, left ankle surgery, cortisone injection, left knee MRI, and medications. In a progress note dated 02/21/2015, the injured worker presented with complaints of pain and discomfort in the left knee and left ankle. The treating physician reported requesting authorization for Magnetic Resonance Arthrogram of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance (MR) Arthrogram of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341-342.

Decision based on Non-MTUS Citation Official Disability Treatment Guidelines, Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336, 341, 343-345, 346-347.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses imaging studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Risk of complications (e.g., infection, radiation) highest for arthrography, less for radiography and computer tomography (CT), and lowest for bone scan and MRI. MRIs are superior to arthrography for both diagnosis and safety reasons. MRI test is indicated only if surgery is contemplated. ACOEM Table 13-6 indicates that MRI is recommended to determine extent of ACL anterior cruciate ligament tear preoperatively. Table 13-6 does not recommend MRI for other knee conditions. On December 29, 2012, MRI magnetic resonance imaging studies of the left knee had findings that were considered normal. The 12/29/12 MRI of the left knee had the impression: normal MRI of the left knee. On February 4, 2013, magnetic resonance imaging MR arthrogram of the left knee revealed a tiny communicating medial popliteal cyst - otherwise normal MRI of the left knee. The 2/4/13 MRI of the left knee with intraarticular gadolinium demonstrated: Tiny communicating medial popliteal cyst. Otherwise normal MR evaluation of the left knee. The request for authorization (RFA) dated 2/18/15 documented a request for MR arthrogram of left knee. The primary treating physician's progress report dated 2/6/15 documented subjective complaints of left knee pain. No new injuries to the left knee were reported. No physical examination of the left knee was documented. Without a documented physical examination of the left knee, the request for a repeat MR arthrogram of left knee is not supported. Normal MRI of the left knee was dated 12/29/12. A previous MR arthrogram of the left knee dated 2/4/13 MRI demonstrated a tiny popliteal cyst, and was otherwise normal. Therefore, the request for MR arthrogram of left knee is not medically necessary.