

Case Number:	CM15-0091557		
Date Assigned:	05/15/2015	Date of Injury:	11/12/2013
Decision Date:	06/17/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/12/2015

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 47-year-old female who sustained a work related injury November 12, 2013. While standing, a golden retriever came up to her and knocked her off her feet, with injury to her right knee. Past history included s/p right knee arthroscopy, right medial collateral ligament, February 2014. An MRI of the right knee, dated January 5, 2015, is present in the medical record. According to a primary treating physician's progress report, dated April 13, 2015, the injured worker presented with right knee pain, rated 8/10, with joint pain, muscle pain, and swelling. Diagnoses are sprain/strain of unspecified site of knee and leg, chronic; contusion of knee; chondromalacia of patella. Treatment plan included consultation with pain management and at issue, an MRA of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): Chapter 13 Knee, Diagnostic Imaging, page 341-343. Decision based on Non-MTUS
Citation Official Disability Guidelines (ODG), Knee Chapter, MR Arthrography, page 330.

Decision rationale: The patient has unchanged symptom complaints and clinical findings for this chronic injury without clinical change, red-flag conditions or functional deterioration s/p knee arthroscopy. Besides continuous intermittent pain complaints with unchanged range of motion without neurological deficits, 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. 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 guideline criteria have not been met as ODG recommends Knee Arthrogram for meniscal repair and meniscal resection of more than 25%, not identified from submitted reports. The MRA of right knee is not medically necessary and appropriate.