

<b>Case Number:</b>	CM13-0019297		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old male who reported an injury on 07/02/2010. The injury was noted to have occurred as the patient was standing on a palate trying to pull a stacked box off of another palate load, the plastic slat in the palate broke, and his right leg slipped and twisted. The patient had surgery on 05/06/2011 for a right knee ACL (anterior cruciate ligament) reconstruction and a partial medial meniscectomy, as well as a chondroplasty of the MFC (medial femoral condyle). His current symptoms were noted to include right knee pain and clicking, popping, and swelling of the knee. His physical exam findings include a moderate antalgic gait on the right side, tenderness to palpation in the retropatellar area and along the medial joint line, positive McMurray's sign, a slight A-P instability in terms of the drawer and Lachman's tests, and his neurological exam was intact. He was diagnosed with right knee sprain and status post ACL reconstruction and a partial right medial meniscectomy. A recommendation has been made for a repeat MRI and further right knee arthroscopic evaluation to assess the patient's continued pain and decreased function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 1021-1022.  
Decision based on Non-MTUS Citation ODG Knee & Leg, MRIs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg MRI (magnetic resonance imaging).

**Decision rationale:** According to the ACOEM Guidelines, reliance on only imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before the symptoms began. Even so, it states that, while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or overdiagnosed by inexperienced examiners, making MRIs valuable in such cases. It is also noted that MRIs are superior to arthrography for both diagnosis and safety reasons. The guidelines also note that MRIs are indicated to evaluate meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, and prepatellar bursitis. The Official Disability Guidelines further specify that, in patients with non-acute knee symptoms who are highly suspected clinically of having intra-articular knee abnormality, an MRI should be performed to exclude the need for arthroscopy. As the patient is noted to have ongoing symptoms related to his right knee, and a plan has been reviewed for an arthroscopic evaluation, an MRI is supported. Therefore, the request is certified.