

<b>Case Number:</b>	CM13-0033334		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of April 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior knee arthroscopy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. The applicant's case and care have been complicated by derivative psychiatric allegations of posttraumatic stress disorder, it is incidentally noted. In a Utilization Review Report of September 26, 2013, the claims administrator denied a request for an MR arthrogram of the injured knee, citing non-MTUS ODG Guidelines. The claims administrator denied the claim based on the fact that the applicant's operative report has not been provided. A September 19, 2013, orthopedic knee surgery report is notable for comments that the applicant reports persistent knee pain. The applicant is having ongoing issues with giving way and limited range of motion about the same. The applicant exhibits some mildly antalgic gait on left and has markedly limited range of motion. X-rays are notable for mild narrowing in the medial compartment. An earlier knee MRI of July 5, 2013, showed no interval change from a preoperative MRI. The attending provider went on to comment that he believes scar tissue could mimic a re-tear and felt that MR arthrography of the knee would help to distinguish between truly torn meniscus versus scarring associated with the prior surgery. An August 27, 2013 progress note is notable for comments that the applicant has persistent knee pain complaints following an earlier knee arthroscopy on June 1, 2012. The applicant exhibited a positive McMurray maneuver on exam with arthroscopic incision lines noted. Norco and Lidoderm were endorsed, along with permanent work restrictions.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **LEFT KNEE MAGNETIC RESONANCE ARTHROGRAM (MRA): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** The MTUS/ACOEM Guidelines Chapter 13 do not specifically address the topic of MR arthrography. However, as noted in the Third Edition ACOEM Guidelines, MR arthrograms are "recommended" for select applicants who require advanced imaging of the menisci and articular cartilage following prior knee procedures. In this case, the attending provider has presented that the earlier non-contrast knee MRI was equivocal or non-diagnostic and fails to reveal any significant changes when compared against preoperative knee MRI imaging. The attending provider presented that MR arthrography could help to distinguish between bona fide new meniscal tear versus scarring associated with the prior surgery. Furthermore, the applicant remains markedly symptomatic and maybe a candidate for further interventional procedures involving the injured knee. The results of the MR arthrogram will influence the clinical picture and the treatment plan. The request for a left knee MR arthrogram is medically necessary and appropriate.