

<b>Case Number:</b>	CM13-0035230		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 has filed a claim for chronic right knee pain reportedly associated with an industrial injury of November 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; prior knee arthroscopy, meniscectomy and chondroplasty surgery in May 2012; Synvisc injection; a knee brace; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. An earlier note of September 16, 2013 is notable for comments that the applicant is struggling. The applicant has persistent knee complaints status post meniscectomy and chondroplasty. It is stated the applicant has some level of arthritic changes. The applicant has been unable to return to work and has difficulty doing prolonged or protracted standing, it is stated. 130 degrees of motion with surgical scarring is noted. There is tenderness about the lateral joint line with 3/5 strength noted. The applicant exhibits a normal gait. McMurray's maneuver is negative. In a later note of October 29, 2013, a qualified medical evaluator writes that the applicant's knee issues are deteriorating and that she will likely require a knee replacement at a later point. An earlier MR arthrogram of the injured knee of September 27, 2012 is notable for a lateral meniscal re-tear and changes associated with the previous meniscal debridement. The medial meniscus is degenerated without evidence of an acute tear. Low-grade arthritic changes are also noted, tricompartmental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 13 do note that MR imaging scored a 4 out of 4 in its ability to identify and define a suspected meniscus tear, as is present here, in this case, the applicant has already had positive MR arthrography in September 2012. The said MR arthrography did identify a lateral meniscal tear at that point in time. The attending provider did not act on the results of the same. The attending provider did not perform surgery at that point in time. It is unclear why repeat MR arthrography would be sought here, particularly if the attending provider has no intention of pursuing a surgical remedy at this point in time. Again, as noted by the utilization reviewer, no rationale for the test was provided. The attending provider did not state that he would act on the results of the MRI and/or pursue a surgical remedy at this point in time. Therefore, the request for repeat MRI imaging remains non-certified, on independent medical review.