

<b>Case Number:</b>	CM13-0035895		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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/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:

This is a female patient who sustained bilateral knee injuries on June 15, 2012. An MRI of the bilateral knees on July 23, 2013 identified medial meniscus posterior horn intrasubstance degeneration with possible tear. Diagnoses include internal derangement of the bilateral knees, positive effusion of the bilateral knees, and sprain/strain of the bilateral knees. The treatment plan recommends arthrogram of the bilateral knees. A progress report dated September 18, 2013 indicates that the patient's pain has increased. The physical examination reveals a limited range of motion of the knees. The treatment plan recommends meloxicam, Prilosec, Ambien, and MR arthrogram of bilateral knees. An orthopedic consultation dated March 11, 2013 indicates that the patient has not undergone any previous surgeries for this condition. The physician's diagnoses include chondromalacia patella and patellofemoral syndrome. Additionally, he feels that there may be a meniscal injury in the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ARTHROGRAM FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

**Decision rationale:** The MTUS/ACOEM guidelines indicate that most knee problems improve quickly once any red flag issues are ruled out. Guidelines go on to indicate that MRIs are superior to arthrography for both diagnosis and safety reasons. The Official Disability Guidelines state that arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear. Within the documentation available for review, there is no indication that the patient has previously undergone surgical intervention for a meniscus injury. In the absence of such documentation, the currently requested arthrogram of the left knee is not medically necessary.