

<b>Case Number:</b>	CM13-0039121		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 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 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 57-year-old female with a 6/4/13 date of injury. The flooring caused her to misstep, which resulted in further discomfort in her left leg. On 8/21/13, the patient reported that she has remained significantly symptomatic. Objectively, she was noted to have limited ROM of the left knee, quadriceps, and hamstring weakness. She had a positive medial McMurray's test. She has an antalgic gait. A MRI of the left knee was performed on 6/18/13 which showed a suspect tear of the posterior horn of the medial meniscus with a small superiorly flipped fragment noted medially. The evaluation of the meniscal tissues was limited due to motion artifact. There was tri-compartmental chondromalacia most severe in the patellofemoral compartment, and a small joint effusion. On 8/22/13, it was noted that the pathology on the MRI was not conclusive and the patient is noted to be pain free as it relates to her left knee, but has discomfort and weakness on ascending stairs. The provider would like a MRI arthrogram of the left knee to assess the status of the posterior horn of the medial meniscus with a flipped over type defect that may make it unstable. Diagnostic Impression: Internal Derangement of the knee, Treatment to date: activity modification, chiropractic care, and physical therapy. A UR decision dated 9/16/13 denied the request for MRI Arthrogram. The rationale for the denial was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI/ARTHOGRAM OF THE LEFT KNEE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation (ODG) Knee Chapter ; Other Medical Treatment Guideline or Medical Evidence: Peer-Reviewed Literature (MR Arthrography of the Knee).

**Decision rationale:** ODG states that MRA significantly increases accuracy in the diagnosis of meniscal re-tear, as is seen in cases in which there has been a meniscal resection of more than 25% or after meniscal suturing. Also, in the evaluation of osteochondritis dissecans, the addition of intra-articular contrast has proved beneficial. The patient was noted on a MRI of the left knee to have a possible tear of the posterior horn of the medial meniscus with a small superiorly flipped fragment noted. She continues to have weakness and discomfort, particularly with activity, such as climbing stairs. She has had extensive conservative management, including physical therapy and chiropractic care. Guidelines do state that MRI Arthrograms significantly increase the accuracy in the diagnosis of meniscal tears. Therefore, the request for MRI/Arthrogram of the Left Knee is medically necessary.