MAXIMUS Federal Services

| Case Number: | CM13-0042960 | | |
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| Date Assigned: | 12/27/2013 | Date of Injury: | 07/20/2012 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

## 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:

The patient is a 51-year-old with date of injury July 20, 2012. The listed diagnoses dated October 1, 2013 per [redacted] are: 1. Recurrent right knee symptoms with clinically present posterior horn lateral meniscus tear 2. Status post arthroscopic partial medial meniscectomy and ACL shrinkage, 2012 3. Status post right knee arthroscopic surgery According to the report dated October 1, 2013 by [redacted], the patient complaints of constant pain in the right knee. There is increased pain with attempts in kneeling, squatting or use of ladder/stairs. There is increased pain with standing and walking over 30 minutes which also causes swelling in the knee. He rates his pain 6-8/10. The examination of the right knee show 4+ tenderness over the postero-lateral joint line with positive McMurray test. There is a 4+ tenderness over the bicep tendon located over the posterior aspect of the right knee. There is 1+ effusion in the joint. The range of motion of the right knee is 0-130 degrees with increased pain with forced flexion and extension. The treater is requesting an MR Arthrogram for the right knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MR ARTHROGRAM FOR THE RIGHT KNEE:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**Decision rationale:** This patient presents with chronic right knee pain. The patient is status post arthroscopic partial medial meniscectomy and ACL shrinkage from 2012. The treating physician is requesting an MR Arthrogram for the right knee to rule out lateral meniscus tear. The utilization letter dated 10/14/2013 denied the request stating, "The medical file does not indicate a recurrent tear or a meniscal resection of more than 25 percent." MTUS and ACOEM are silent with regards to this request; therefore, alternative guideline was utilized. The ODG guidelines for MR arthrography states, "recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%." The operative report dated November 15, 2012, states, "the medial meniscus had large tear in the posterior horn in the form of a cleavage and radial tear....Arthroscopic extensive synovectomy in both compartments with the use of a shaver was also performed. A medial partial meniscetomy was performed until a balanced rim of the meniscus was noted." The progress report dated October 1, 2013, by [redacted] shows a positive McMurray's test on the right knee. The review of over 200 pages of records do not show any recent or prior MR arthrogram of the right knee. In this case, the treater is concerned about the patient's persistent right knee pain and the possibility of a lateral meniscus tear. The operative report also show resection of the meniscus greater than 25%. The Official Disability Guidelines do support the use of an MR Arthrogram to help diagnose a suspected residual or recurrent tear. The request for an MR Arthrogram for the right knee is medically necessary and appropriate.