

<b>Case Number:</b>	CM13-0047789		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 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 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:

This is a female patient with a date of injury of 8/5/11. A utilization review determination dated 10/21/13 recommends non-certification of MR arthrogram of the bilateral knees, CBC, and rheumatoid panel. A progress report dated 8/16/13 identifies subjective complaints including 5-10/10 pain with swollen knees. Objective examination findings identify mild swelling of both knees and an increased Q angle of an unspecified knee. There is tenderness to palpation over the medial and lateral joint line and patellofemoral joint. There is positive Apley's and patellofemoral compression testing bilaterally. Diagnoses include bilateral knee internal derangement and status/post bilateral knee arthroscopy with residual pain. Treatment plan recommends medications, MR arthrogram of the right and left knee, CBC, ESR, and rheumatoid panel. A progress report dated 10/15/13 identifies subjective complaints including bilateral knee pain 8/10 with numbness, stiffness, and clicking. Objective examination findings identify minimal lumbar paraspinal tenderness, tenderness of the left thigh and hip, nonspecific tenderness at both knees, McMurray test with interior rotation and exterior rotation are noted to be positive on both knees, and valgus and varus stressing revealed pain on both knees. Diagnoses include s/p left knee surgery 1/21/12; bilateral myxoid degeneration of the posterior horn of the medial and lateral meniscus, bilateral chondromalacia of patella, and Baker's cyst of the left knee per MRI 8/19/11; lumbar strain; difficulty in walking; anxiety state unspecified; unspecified sleep disturbance; unspecified internal derangement of knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **MR Arthrogram Right 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, MR arthrography.

**Decision rationale:** Regarding the request for MR arthrogram right knee, Chronic Pain Medical Treatment Guidelines does not address the issue. ODG (Official Disability Guidelines) supports it as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. Within the documentation available for review, there is documentation of degenerative joint disease of the bilateral knee. The patient has had prior surgery and there is also myxoid degeneration of the menisci noted. However, current symptoms/findings are not suggestive of a residual/recurrent tear. Orthopedic examination did not identify any findings suggestive of meniscal tear. The chiropractic examination did identify a positive McMurray's test bilaterally, but specifics regarding the test were not noted. Prior testing has revealed only pain with McMurray's maneuver, which is not considered a positive test. No clear rationale has been presented regarding the medical necessity of MR arthrogram of the knees. In light of the above issues, the currently requested MR arthrogram right knee is not medically necessary.

### **MR Arthrogram for 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, MR arthrography.

**Decision rationale:** Regarding the request for MR arthrogram left knee, Chronic Pain Medical Treatment Guidelines does not address the issue. ODG (official Disability Guidelines) supports it as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. Within the documentation available for review, there is documentation of degenerative joint disease of the bilateral knee. The patient has had prior surgery and there is also myxoid degeneration of the menisci noted. However, current symptoms/findings are not suggestive of a residual/recurrent tear. Orthopedic examination did not identify any findings suggestive of meniscal tear. The chiropractic examination did identify a positive McMurray's test bilaterally, but specifics regarding the test were not noted. Prior testing has revealed only pain with McMurray's maneuver, which is not considered a positive test. No clear rationale has been presented regarding the medical necessity of MR arthrogram of the knees. In light of the above issues, the currently requested MR arthrogram left knee is not medically necessary.

**CBC (complete blood panel) and Rheumatoid Panel: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Complete Blood Count

**Decision rationale:** Regarding the request for CBC and rheumatoid panel, Chronic Pain Medical Treatment Guidelines and ODG (official Disability Guidelines) do not address the issue. Within the documentation available for review, there is no documentation identifying the medical necessity of these tests. A CBC is ordered to evaluate various conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia, etc. None of these conditions or another condition for which this test would be appropriate are documented. A request for a "rheumatoid panel" is nonspecific, as there are various tests to evaluate for rheumatological disorders, and the specific tests requested are not documented. Furthermore, there is no documentation consistent with a systemic condition such as rheumatoid arthritis to support the medical necessity of rheumatological testing. In light of the above issues, the currently requested CBC and rheumatoid panel are not medically necessary.