

<b>Case Number:</b>	CM13-0050796		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/20/1999
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Orthopedic Surgery 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 53-year-old male who reported an injury on 08/20/1999, which occurred as the result of a twisting injury to his right knee. His diagnoses include status post arthroscopic surgery of the right knee in 1999, 2000, and 2002; and rule out degenerative joint disease. His symptoms are noted to include persistent right knee pain, which he indicated was activity dependent. His physical examination revealed normal motor strength at 5/5 in the lower extremities, well-healed arthroscopic portals of the right knee from previous surgeries, mildly decreased range of motion in the right knee compared with the left, positive anterior drawer and Lachman's tests, and good stability to varus and valgus stress. The treating physician indicated that the patient would benefit from further conservative treatment and an updated MR arthrogram to evaluate progression of his posttraumatic degenerative joint disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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 TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013: KNEE AND LEG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Knee & leg

**Decision rationale:** According to the California ACOEM Guidelines in Table 13-5, arthrography may be useful in determining meniscal tears and ligament tears. More specifically, the Official Disability Guidelines state that MR arthrography may be 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 clinical information submitted for review indicates that the patient has persistent right knee pain despite 3 previous arthroscopic knee surgeries and he is diagnosed with posttraumatic degenerative joint disease. However, the documentation provided for review failed to show clinical findings suggestive of a recurrent meniscal tear and as MR arthrography is not recommended in the evaluation of posttraumatic degenerative joint disease, the request is not supported. As such, the request for MRI ARTHROGRAM RIGHT KNEE is non-certified.