

<b>Case Number:</b>	CM13-0063438		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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 injured worker is a 50-year-old male who reported injury on 09/26/2008, secondary to a slip and fall. He complained of left shoulder and left knee pain, stating the pain in the left shoulder was intermittent and radiated into the biceps with numbness and tingling in the left shoulder area, his left knee pain radiated into the calf with numbness and tingling, popping, cracking, and locking of the knee. The pain in the left knee was increased with walking, standing, climbing up and down stairs, getting up from a seated position, and relieved with medication. Examination on 10/20/2013 revealed left knee tenderness to palpation on the left medial/lateral patellar line, and part of the peripatellar area, with flexion of 110 degrees, extension of 0 degrees, and painful McMurray's. The left shoulder showed tenderness to the parascapular region with flexion of 112 degrees, extension 46 degrees, abduction of 140 degrees, adduction 37 degrees, internal rotation of 85 degrees, and external rotation of 87 degrees. Examination on 02/10/2014 showed slight decrease in flexion and extension of the left knee. The injured worker had a previous MRI arthrograms done, one on 08/24/2010, the other on 02/07/2014, as well as x-rays of the left knee and right shoulder. He had diagnoses of chronic left shoulder parascapular strain/bursitis, and tendonitis, status post left knee scope in 2009. He had past treatments of physical therapy, synvisc injections and oral medications. His medications were Motrin and Voltaren XR. The treatment plan was for previously requested acupuncture therapy and Synvisc injections series of 3, a refill of Voltaren XR, and for an MRI of the left knee. The Request for Authorization form was signed and dated 10/28/2013. There was no rationale for the requested MRI arthrogram of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI ARTHROGRAM LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG, MR ARTHROGRAPHY.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee & leg, MR arthrography.

**Decision rationale:** The request for an MR arthrogram of the knee is not medically necessary. The injured worker complained of left shoulder and left knee pain, stating the pain in the left shoulder was intermittent and radiated into the biceps with numbness and tingling in the left shoulder area, his left knee pain radiated into the calf with numbness and tingling, popping, cracking, and locking of the knee. The pain in the left knee was increased with walking, standing, climbing up and down stairs, getting up from a seated position, and relieved with medication. He had past treatment of oral medications and Synvisc injections. Official Disability Guidelines state that MR arthrography is recommended as a postoperative option in diagnoses of suspected residual or recurrent tear for meniscal repair or for meniscal resection of more than 25%. In the study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear and in patients with meniscal resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, osteochondral injuries, and native joint fluids that extends into a meniscus, or a tear in a new area. MR arthrography was useful in the diagnosis of residual or recurrent tear. Patients with less than 25 percent meniscal resection did not need MR arthrography. The injured worker had MRI arthrogram done on 08/24/2010, which was after his left knee surgery on 03/27/2009 and another on 02/07/2014 which showed an extrusion of the meniscus with a complex tear as well as other findings. The request for MRI arthrogram, left knee, is not needed at this time and is, therefore, not medically necessary.