

<b>Case Number:</b>	CM14-0151513		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/27/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 27-year old male who sustained a work injury on 4-27-09. Medical Records reflect the claimant has a past history of ACL repair done in April 2012. The claimant had an MRA done on 7-28-11 that showed oblique tear at the body of the lateral meniscus. Multiple lobulated paramedical cysts present along the lateral joint margin. Oblique tear at the posterior horn of the medial meniscus. 4-27-12 MRI of the right knee with arthrogram showed: 1. Evidence of surgery with replacement of the anterior cruciate ligament which appears to be intact and in proper position. 2. Discoid compression to the posterior horn of the medial meniscus with a tear running radially to the superior and inferior articular margins of this structure. 3. Discoid compression to the posterior horn of the lateral meniscus. 4. Spur formation and slight narrowing of the lateral joint compartment. 5. Widening and bright signal of the medial collateral ligament suggesting an intrasubstance tear or sprain of this structure. 6. Bone bruising of the lateral femoral condyle in a 5cm area. No other abnormalities noted. Office visit on 8-5-14 notes the claimant reports pain in his knees, right greater than left. The claimant had knee surgery x 2. No physical exam provided. Diagnosis: right knee internal derangement. There is a request for MRI arthrogram. Request authorization for orthopedic consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI joint of lower extremities with dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee MR Arthrogram

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

**Decision rationale:** ACOEM notes that an MRI is recommended for select patients with subacute or chronic knee symptoms in which mechanically disruptive internal derangement or similar soft tissue pathology is a concern. It is generally not indicated for patients with acute knee pain. There is an absence in objective documentation/physical exam finding to support that this claimant has ongoing internal derangement or pathology or that results will change treatment outcome. Therefore, MRI joint of lower extremities with dye is not medically necessary.