

<b>Case Number:</b>	CM14-0179148		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	02/05/2009
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Orthopedic Spine Surgery, has a subspecialty in Orthopedic Surgery and is licensed to practice in New York. 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 42-year-old with a date of injury of February 5, 2009. The patient has chronic knee pain. Prior treatment includes use of a brace and crutches. The patient had physical therapy and home exercises. Medical records indicate that the patient had cortisone injections and Visco supplementation injections. Patient had right knee arthroscopy and ACL reconstruction with lateral meniscectomy and synovectomy on April 28, 2010. In January 2012 the patient had right knee arthroscopy with debridement and revision ACL surgery. The patient had left Achilles tendon surgery 7 weeks ago. Patient is on narcotics and takes Naprosyn. X-ray of the knee in January 2014 is within normal limits. Patient continues to have knee pain. Physical examination of the right knee shows tenderness of the medial joint line and has anserine bursa. There is painful flexion. Range of motion of the right knee 0-120. There is pain with McMurray's test. At issue is whether additional imaging studies are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR Arthogram of 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 (ODG), Knee & Leg (updated 10/07/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Mtus knee pain chapter

**Decision rationale:** This patient does not meet established criteria for right knee MRI arthrogram. Specifically, the medical records do not document a physical exam showing locking of the knee was severe loss of motion. The medical records do not document a recent trial and failure of physical therapy for right knee pain. The patient has had chronic right knee problems to include to ACL reconstructive surgeries. The medical records do not document that the patient has had adequate conservative measures to include a recent course of physical therapy. The medical records do not justify the need for MR arthrogram at this time.