

<b>Case Number:</b>	CM14-0023295		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/19/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Occupational Medicine 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 61-year-old female who has submitted a claim for segmental instability L4-L5, herniated lumbar disc L4-L5, L5-S1 with radiculopathy, left greater than right status post lumbar epidural steroid injection x 3, laminectomy, foraminectomy; left knee strain/sprain, history of arthroscopic surgery x 2 with degenerative joint disease rule out internal derangement; right knee strain/sprain; cervical spine strain/sprain; right and left shoulder strain/sprain; right and left elbow sprain/strain with medial epicondylitis; right and left wrist sprain/strain; gastritis, diverticulitis with NSAID aggravation, positive endoscopy; symptoms of anxiety, depression and insomnia and fibromyalgia associated with an industrial injury date of June 19, 2008. Medical records from 2013-2014 were reviewed. The patient complained of bilateral knee pain, left greater than the right. The pain increased with cold temperature. Physical examination showed limited range of motion of the left knee. McMurray's, Apley's, and medial tenderness test was positive on the left knee. Anterior drawer test and posteromedial instability was positive on the left. Medial and lateral joint line tenderness was present on the left knee as well. There was healed arthroscopic incision of the left knee. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, activity modification, left knee surgeries, chiropractic therapy, lumbar epidural steroid injections and lumbar laminectomy. Utilization review, dated February 7, 2014, denied the request for MR 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:

**MR (MAGNETIC RESONANCE) ARTHROGRAM OF THE LEFT KNEE: 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 Official Disability Guidelines (ODG), Knee & Leg, MR Arthrography.

**Decision rationale:** California MTUS does not specifically address MR arthrography of the knee. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that MR arthrography is 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%. Also, in the evaluation of osteochondritis dissecans, the addition of intra-articular contrast has proved beneficial. In this case, the present request was to visualize joint structures and to improve MRI evaluation of joint abnormalities. The patient underwent 2 left knee arthroscopies. However, there was no mention from the medical records submitted of any suspicious residual or recurrent tear for repair or resection. Moreover, operative reports of the said surgeries were not in the documentation provided. The medical necessity has not been established. Therefore, the request for MR (magnetic resonance) arthrogram of the left knee is not medically necessary.