

<b>Case Number:</b>	CM14-0037254		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Internal 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:

On April 4, 2013, the injured worker (IW) had right knee arthroscopy with partial medial meniscectomy. The IW is having persistent complaints of pain in the right knee. Repeat MRI of the right knee post-operatively dated January 18, 2014 shows an undersurface recurrent tear of the posterior horn of the medial meniscus and evidence of previous medial meniscectomy. Pursuant to the note dated March 5, 2014, the IW had complaints of right knee pain, particularly with stairs. She was improving. Range of motion 0-120 degrees, no swelling, and no effusion. There was positive patellofemoral crepitation and some medial joint line tenderness. The physician assistant explained that the IW had catching, clicking about the knee in addition to pain. She has a positive McMurray's sign. She had crepitation with range of motion. She failed physical therapy, and activity modification. Diagnoses include: Patellofemoral pain syndrome, right knee; flap tear, posterior horn of the medial meniscus, right knee; status post (s/p) right knee arthroscopy, dated April 4, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, MR arthrography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg Chapter, MR Arthrogram

**Decision rationale:** Pursuant to ACOEM practice guidelines and the Official Disability Guidelines, an MR arthrogram of the right knee is not medically necessary. The guidelines state special studies are not needed to evaluate mostly complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a problem that was present before symptoms began and, therefore has no temporal association with the current complaint. MR arthrogram is recommended for meniscal repair and meniscal resection of more than 25%. Patients with less than 25% meniscal resection did not need an MR arthrogram. In this case, in both the operative report and discussion with the physician assistant the injured worker had less than 20% meniscus resection. The injured worker complained of a catching, clicking about the knee with medial joint line tenderness and crepitus with range of motion. She failed physical therapy and activity modification. Despite the repeat MRI result, the injured worker already satisfies guidelines for diagnostic arthroscopy. Consequently there is no need for additional diagnostic studies to proceed with the diagnostic arthroscopy with an injured worker with less than 25% meniscal resection. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, the request is not medically necessary.