

<b>Case Number:</b>	CM14-0049511		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 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 51 year-old female with date of injury 06/12/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/20/2014, lists subjective complaints as pain in the low back with radiating pain to the bilateral lower extremities. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles with +2 spasm and decreased range of motion in all planes due to pain. No examination of the knees was documented in the PR-2 associated with the request for authorization. Diagnoses are cervical spine disc protrusion; lumbar spine disc protrusion; bilateral elbow strain/sprain; and bilateral knee strain/sprain. MRI of the left knee, 12/29/2013, was positive for globular increased signal intensity in the posterior horn of the medial meniscus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee MRA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1019-1020. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & 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 (Acute & Chronic), MR Arthrography

**Decision rationale:** The Official Disability Guidelines recommend MR arthrography as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. For patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. The patient has not had surgical repair of the knee, and the medical record does not support a recommendation for an MR arthrogram of the left knee.

**Right Knee MRA:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1019-1020. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & 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 (Acute & Chronic), MR Arthrography

**Decision rationale:** The Official Disability Guidelines recommend MR arthrography as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. For patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. The patient has not had surgical repair of the knee, and the medical records do not support a recommendation for an MR arthrogram of the right knee.