

<b>Case Number:</b>	CM14-0059099		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier medial meniscectomy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 22, 2014, the claims administrator denied a request for an MR arthrogram of the knee, citing non-MTUS ODG Guidelines. Despite the fact that the applicant reported constant knee pain and issues of knee buckling, the claims administrator stated that there was insufficient evidence of meniscal pathology. The applicant's attorney subsequently appealed. In an April 14, 2014 progress note, the applicant presented with persistent complaints of knee pain at age 43, progressively worsening. The applicant was off of work, it was acknowledged. The applicant was having difficulty negotiating stairs, bending, squatting, and getting in and out of his car. The applicant had reportedly gained 60 pounds over the preceding year. The applicant was on Motrin for pain relief, it was acknowledged. Well-preserved knee range of motion was noted with 2+ medial joint line tenderness, surgical scarring, and a negative McMurray maneuver. X-rays apparently demonstrated only mild joint space narrowing. MR arthrography to search for a recurrent meniscal tear versus possible loose body was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI ARTHROGRAM LEFT KNEE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, KNEE AND LEG (ACUTE AND CHRONIC).

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

**Decision rationale:** The MTUS does not address the topic of MR arthrography. As noted in the Third Edition ACOEM Guidelines, Knee Chapter MR Arthrogram topic, MR arthrograms are recommended for select applicants who require advanced imaging of the menisci and articular cartilage, such as following previous procedures. In this case, the applicant has had prior knee surgery. The attending provider has posited that MR arthrography may be superior to conventional MRI imaging to help identify a recurrent meniscal tear. The applicant does have signs of recurrent meniscal pathology, including worsening knee pain, difficulty negotiating stairs, difficulty bending and squatting, etc. MR arthrography to help potentially establish the presence of a recurrent meniscal tear is indicated. Therefore, the request is medically necessary.