

<b>Case Number:</b>	CM14-0069095		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/27/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 claimant is a 43-year-old female with a reported date of injury on June 27, 2010. The mechanism of injury is described as an attempt to prevent a housekeeping cart from turning over. As she straightened the cart, she felt a significant amount of pain in her low back, which radiated to the left knee. The current diagnosis is listed as pain in joint involving the lower leg (719.46). Initial treatment following the injury included medication with physical therapy. This helped temporarily. The magnetic resonance imaging (MRI) revealed intraarticular pathology of the left knee resulting in an arthroscopic evaluation. A left knee partial meniscectomy was done in January 23, 2012. As of June 19, 2012, persistent knee pain was reported at her follow-up visit and would be addressed with medications. At that time, the injured worker was deemed permanent and stationary. May 07, 2012 is reported as the target date for release back to work. By October 03, 2013, the injured worker was approved for selective epidural steroid injection, which was completed on December 09, 2013. On January 15, 2013, the injured worker was noted to be stable. Follow-up would be done on an as needed basis. The current request is for MR arthrogram left knee, which was denied in a prior utilization review determination dated April 30, 2014 noting patients with less than 25 percent meniscal resection did not need MR arthrography.

### 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 (ODG), Knee & Leg (updated 03/31/14) 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, MR arthrogram.

**Decision rationale:** This is a claimant who suffered a reported industrial injury on 6/27/2010. Magnetic resonance imaging (MRI) of the knee revealed Grade IV chondromalacia and lateral meniscus tear. The claimant had left knee pain and subsequently underwent knee arthroscopy with partial lateral meniscectomy and chondroplasty of the medial femoral condyle in January 2012. The claimant has had persistent pain in excess of expected post op course. The request for MR arthrogram to evaluate the left knee is reasonable given the persistent and current physical findings. This was addressed by AME on 5/8/14 who opined that it was reasonable to pursue MR arthrography to evaluate the post op knee given the symptoms and previous surgical interventions. This is in keeping with Official Disability Guidelines (ODG) recommendations and is medically necessary.