

<b>Case Number:</b>	CM14-0076803		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Orthopaedic Surgery 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:

This 46-year-old female sterile processing technician sustained an industrial injury on 1/2/13. Injury occurred when she was trying to push a cart with 80 pounds of surgical instruments and her knee buckled with immediate onset of pain. Past surgical history was positive for laminectomy/discectomy in 1998 and two right knee arthroscopic surgeries in 2009 and 2011. She was diagnosed with an anterior cruciate ligament tear and underwent surgical reconstruction in July 2013. The 2/21/14 right knee x-ray impression documented possible tricompartmental osteoarthritis, patellar tendinosis, and suprapatellar bursitis. The 4/4/14 treating physician report cited right medial knee pain and numbness. Physical exam documented tenderness to palpation with slight swelling. There were multiple healing scars at the right knee. Range of motion was 0-80 degrees. The diagnosis was right knee degenerative joint disease. The treatment plan recommended continued aqua therapy and right knee arthrogram. The patient was to remain off work. The 5/7/14 utilization review denied the request for right knee arthrogram as there were no subjective or clinical exam findings suspicious for recurrent meniscal tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Arthrogram:** Upheld

**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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Knee and Leg, MR arthrography

**Decision rationale:** The California MTUS guidelines indicate that MR arthrography is generally useful to identify meniscal and ligament tears. 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%. Guideline criteria have not been met. There are no current mechanical symptoms or clinical exam findings documented suggestive of a recurrent meniscal tear. Therefore, this request is not medically necessary.