

<b>Case Number:</b>	CM14-0079642		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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:

Patient is a 31 year-old male with date of injury 10/16/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/06/2014, lists subjective complaints as left knee pain. Objective findings: Examination of the left knee revealed decreased range of motion, quad atrophy, and patellafemoral crepitus. Diagnosis: 1. Patella fracture, closed 2. Tear of medial cartilage or meniscus knee. An MRI of the left knee, performed on 08/23/2013, showed a meniscal tear involving the posterior horn of the lateral meniscus extending to the superior articular surface with an equivocal tear of the anterior horn of the lateral meniscus extending to the superior articular surface as well. The patient underwent a left knee arthroscopy with tricompartmental synovectomy, chondroplasty patella and total lateral meniscectomy on 09/20/2013. He has reached the point of maximum medical improvement and was declared permanent and stationary on 03/31/2014.

### 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**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. In patients with meniscal resection of more than 25% who do not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography is useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography. The patient meets the above criteria for MR arthrography of the knee. He has previously undergone a left knee arthroscopy with tricompartmental synovectomy, chondroplasty patella and total lateral meniscectomy on 09/20/2013; he has had greater than 25% resection of the medial meniscus; a recurrent tear is suspected. I am reversing the previous utilization review decision.