

<b>Case Number:</b>	CM14-0190442		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 39-year-old male who has submitted a claim for internal derangement of the left knee, status post arthroscopic and meniscectomy surgery, associated with an industrial injury date of 2/3/2012. There is no progress report from the treating provider. Physical therapy notes from 2014 were reviewed instead. The patient complained of left knee pain described as soreness status post arthroscopy. Physical examination of the left knee showed full range of motion and 15% strength deficit. The patient was able to perform a half squat but was unable to hop on the left. Treatment to date has included left knee arthroscopy and meniscectomy on 3/14/2014, 20 sessions of physical therapy and medications. The utilization review from 10/20/2014 denied the request for MRI with contrast left knee because there was no evidence of effusion or locking of the knee to warrant such testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with contrast left knee:** Upheld

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

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

**Decision rationale:** As stated on the Knee Chapter of ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include significant trauma to the knee, suspect dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. In this case, the patient underwent left knee arthroscopy and meniscectomy on 3/14/2014. He complained of persistent left knee pain described as soreness. Examination of the left knee showed full range of motion and 15% strength deficit. The patient was able to perform a half squat but was unable to hop on the left. However, there is no progress report from the treating provider. The medical records submitted were merely physical therapy notes. A rationale for MRI was not documented. Therefore, the request for MRI with contrast left knee is not medically necessary.