

<b>Case Number:</b>	CM15-0002744		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 68-year-old male who reported an injury on 04/01/2004. He was on a bike that got stuck on a railroad track and caused him to fall. His diagnosis was right knee chondromalacia of the patella. He had 2 prior arthroscopic surgeries of the right knee in 2005 and 2010. Prior therapies included physical therapy and injections. An MRI of the right knee performed on 08/20/2007 revealed postoperative changes, mild degenerative joint disease, subchondral changes of the patella apex and mild cartilage thinning. The clinical note dated 10/17/2014 noted the injured worker complained of right knee pain with difficulty ambulating for prolonged periods of time. He uses a cane to ambulate. Physical examination revealed painful right knee range of motion at 0 to 120 degrees with crepitus and tenderness to the medial and lateral meniscus with no instability. Physical exam revealed right knee tenderness over the bilateral joint line and anterior infrapatellar aspect and bilateral patellar facets with joint effusion and crepitus. The provider recommended a right knee MR arthrogram because the injured worker continued to have persistent pain and symptomology. Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MR arthrography of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Arthrogram

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

**Decision rationale:** The request for an MR arthrography of the right knee is not medically necessary. The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation has failed. There was no provocative testing to suggest significant right knee pathology documented. As such, medical necessity has not been established.