

<b>Case Number:</b>	CM15-0144917		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 48-year-old male, who sustained an industrial injury on 10-11-2013, resulting from cumulative trauma. The injured worker was diagnosed as having left knee chondromalacia and internal derangement, left knee. Treatment to date has included diagnostics, mental health treatment, medications, acupuncture, and chiropractic. On 6-02-2015, the injured worker complained of frequent left knee pain, sharp in character. Pain was rated 3 out of 10 at rest and 5 out of 10 with activities. He reported that pain was associated with weakness, grinding, and swelling. He reported that pain affected activities of daily living and was worse with bending to the left, twisting to the left, lifting, and walking. He walked with crutches due to gout in the left foot. Exam of the left knee noted tenderness over the patella, and medial and lateral joint lines. Crepitation was noted. McMurray test with external and internal rotation were positive. Muscle testing was 4 out of 5 with flexion and extension and range of motion was restricted due to pain. It was documented that previous treatment included magnetic resonance imaging of the left knee, which showed a tear in the left knee. The treatment plan included MR arthrogram of the left knee with contrast. An Agreed Medical Evaluation (6-30-2014) referenced x-rays of the left knee and magnetic resonance imaging of the left knee. Magnetic resonance imaging of the left knee was documented as showing a grade 3 tear involving the posterior horn of the medial meniscus, myxoid degeneration of the posterior horn, lateral meniscus, ganglion cyst at site of femoral attachment of the medial head of the gastrocnemius tendon, and small knee joint effusion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MR Arthrogram Left Knee/ Contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, MR arthrography.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MR arthrogram left knee with contrast is not medically necessary. MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent care for meniscal repair or for meniscal resection of more than 25%. MR arthrography was useful in the diagnosis of residual or recurrent care. Patients with less than 25% meniscal resection did not need MR arthrography. In this case, the injured worker's working diagnoses are left knee chondromalacia; and left knee internal derangement. The date of injury is October 13, 2013. Request for authorization is June 30, 2015. According to a June 2, 2015 second orthopedic evaluation opinion, subjectively the injured worker developed a left knee injury in conjunction with low back, right shoulder and arms. Left knee symptoms have been ongoing. Objectively, there is tenderness to palpation with a positive McMurray's. There is no documentation of any left knee x-rays, MRI left knee for surgery of the left knee. MR arthrography is recommended as a postoperative option. The injured worker has not undergone any surgical procedure of the affected left knee. Consequently, absent radiographic documentation, magnetic resonance imaging documentation and a surgical procedure, MR arthrogram left knee with contrast is not medically necessary.