

<b>Case Number:</b>	CM15-0168666		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	05/18/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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

Certification(s)/Specialty: Emergency 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:

This is a 50-year-old male with a date of injury of May 18, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for left knee chondromalacia, rule out recurrent tear. Medical records (July 22, 2015) indicate that the injured worker complains of frequent, dull, throbbing pain in the left knee rated at a level of 8 out of 10. Records also indicate the injured worker has difficulty standing and walking for prolonged periods of time, ascending and descending stairs, and is unable to kneel and squat. The physical exam (July 22, 2015) reveals left lower extremity antalgic gait, one centimeter left quadriceps atrophy, decreased flexion of the left knee, medial and lateral patella facet tenderness of the left knee, medial joint line tenderness of the left knee, positive medial McMurray's test of the left knee, and decreased left quadriceps strength. Treatment has included medications (Ultram as of July 22, 2015; Anaprox as of July 22, 2015), knee bracing, six sessions of physical therapy, magnetic resonance imaging of the left knee (June 19, 2014) that showed a torn meniscus, and left knee partial meniscectomy. The original utilization review (August 5, 2015) non-certified a request for magnetic resonance imaging arthrogram of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR/arthrogram left knee:** 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).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg: MR arthrography.

**Decision rationale:** As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. As per ODG, MR Arthrogram is recommended for assessment of postoperative residual or recurrent tear. Patient has gradual worsening knee pain and swelling since post-knee surgery. Provider has recommended conservative care on top of request for MRI. Patient has yet to fail a trial of conservative care on recurrent knee issue. While a residual or recurrent tear is possible, a trial of PT and medications should be tried before any additional intervention or imaging is necessary. Patient does not meet criteria for MRI of knee at present. Therefore, the request is not medically necessary.