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| <b>Case Number:</b>   | CM15-0183318 |                              |            |
| <b>Date Assigned:</b> | 09/24/2015   | <b>Date of Injury:</b>       | 06/29/2014 |
| <b>Decision Date:</b> | 10/29/2015   | <b>UR Denial Date:</b>       | 08/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2015 |

### 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:

The injured worker is a 44 year old female who sustained an industrial injury on 06-29-2014. The injured worker was diagnosed with contusion of the right knee and right knee internal derangement. According to the treating physician's progress report on 06-30-2015, the injured worker continues to experience right knee pain associated with weakness, giving way, locking and radiates to the right leg and hip. The injured worker reported her activities of daily living are somewhat affected due to the pain and worse in the evening. The injured worker rated her pain at 6-8 with and without activity. Examination demonstrated tenderness, spasm and swelling over the superior patella, medial and lateral joint lines with normal alignment and positive effusion present. McMurray's test was positive with internal and external rotation and decreased motor strength with flexion and extension. Range of motion was restricted due to pain at 0-130 degrees on the right. Diagnostic testing with magnetic resonance imaging (MRI) performed on 01-13-2015 noting a Baker's cyst globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. A tear was not excluded. On 08-13-2015 the injured worker noted her right knee pain is mostly at work and after acupuncture therapy rated at 7 out of 10 on the pain scale but improving with treatment. Flexion was documented as 120-140 degrees. Current medication is Tramadol ER. Prior treatments included acupuncture therapy, physical therapy, knee brace and medications. On 06-30-2015 the provider requested authorization for magnetic resonance arthrogram (MRA) right knee with an appeal noted on 07-28-2015. On 08-27-2015 the Utilization Review determined the request for magnetic resonance arthrogram (MRA) right knee was not supported and therefore not certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MR arthrogram of right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, MR arthrography.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The requested MR arthrogram of right knee, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker continues to experience right knee pain associated with weakness, giving way, locking and radiates to the right leg and hip. The injured worker reported her activities of daily living are somewhat affected due to the pain and worse in the evening. The injured worker rated her pain at 6-8 with and without activity. Examination demonstrated tenderness, spasm and swelling over the superior patella, medial and lateral joint lines with normal alignment and positive effusion present. McMurray's test was positive with internal and external rotation and decreased motor strength with flexion and extension. Range of motion was restricted due to pain at 0-130 degrees on the right. Diagnostic testing with magnetic resonance imaging (MRI) performed on 01-13-2015 noting a Baker's cyst globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. The treating physician has not documented the medical necessity for this imaging study in light of the previous knee MRI study. The criteria noted above not having been met, MR arthrogram of right knee is not medically necessary.