

<b>Case Number:</b>	CM15-0183853		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: 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 47-year-old male with a date of injury on 07-31-2013. The injured worker is undergoing treatment for status post left knee diagnostic and operative arthroscopy, and potential medial meniscus tear. A physician progress note dated 08-25-2015 documents the injured worker has complaints of left knee pain. He currently is experiencing buckling, locking, and overall instability. Status post his left knee surgery in 2014 he has some mild relief. His pain is along the inner aspect of his left knee. He rates his pain as 2-7 out of 10 and it is dependent upon activity. Pain is exacerbated with weight bearing. There is a positive Lachman's test, anterior drawer test and he has tenderness to palpation along the medial joint line. He has some swelling and instability. The physician is suspicious of an ACL tear as well as recurrent medial meniscus tear. Treatment to date has included diagnostic studies, status post arthroscopy on 03-26-2014, rest and ice. Currently he is not on any medications. A Magnetic Resonance Imaging of the left knee done on 03-20-2015 shows the medial meniscus demonstrated a horizontal degenerative signal with irregularity of the posterior horn which was noted previously. There is a small effusion with evidence of an old medial collateral ligament sprain. The Request for Authorization dated 08-28-2015 is for a GAD MRI of the left knee. On 09-02-2015 the Utilization Review non-certified the request for 1 GAD MRI of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 GAD MRI of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

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

**Decision rationale:** Review indicates the patient is s/p knee arthroscopy in 2014 with recent MRI in March 2015 showing medial meniscus irregularity along with small effusion as noted previously. The patient has unchanged symptom complaints and clinical findings for this chronic injury without clinical change, red-flag conditions or functional deterioration to support for the repeat MRI. Besides continuous intermittent pain complaints, exam is without neurological deficits, report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for repeating the MRI without significant change or acute findings. There is no x-ray of the knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met. The 1 GAD MRI of the left knee is not medically necessary and appropriate.