

<b>Case Number:</b>	CM15-0216950		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	02/08/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 35 year old male, who sustained an industrial injury on 02-08-2014. The injured worker was noted as off work as of 07-13-2015. Medical records indicated that the injured worker is undergoing treatment for left knee joint pain and lumbar spine sprain. Treatment and diagnostics to date has included cortisone injections, left knee MRI, left knee surgery, and medications. Recent medications have included Cyclobenzaprine, Mobic, Norco, and Nortriptyline. Subjective data (09-18-2015 and 10-05-2015), included left knee pain rated 5 out of 10. Objective findings (10-05-2015) included bilateral knee edema, decreased range of motion of both knees with crepitus, and "severe" tenderness to palpation in the medial joint line and lateral joint line bilaterally. The request for authorization dated 10-13-2015 requested MRI of the cervical spine, lumbar spine, and right knee, MR Arthrogram of the left knee, and compound creams. The Utilization Review with a decision date of 10-28-2015 non-certified the request for MR 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 of the left knee:** Upheld

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

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

**Decision rationale:** Review indicates the patient has history of left knee arthroscopy in 2014 with persistent residual symptoms and clinical findings. The patient has unchanged symptom complaints and clinical findings for this chronic February 2014 injury without clinical change, red-flag conditions or functional deterioration since prior MRI of the knee performed showing abnormalities. Besides continuous pain complaints with unchanged clinical findings without neurological deficits, there is also no 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 an Arthrogram when the MRI has not identified any significant acute findings. 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 as ODG recommends Knee Arthrogram for suspected residual or recurrent tear, for meniscal repair and meniscal resection of more than 25%, not seen here. The MR Arthrogram of the left knee is not medically necessary and appropriate.