

<b>Case Number:</b>	CM15-0085153		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	01/26/2009
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 42 year old male who sustained an industrial injury on 1/26/09. The injured worker was diagnosed as having left shoulder status post arthroscopy with Bankart reconstruction and chondroplasty and subacromial decompression (11/22/11), right knee status post arthroscopy (3/22/11), lumbar spine disc disease and face arthropathy, and compensatory left knee pain with medial meniscus tear. Currently, the injured worker was with complaints of pain in the bilateral knees, left shoulder and back. Previous treatments included medication management, surgical intervention and activity modification. Previous diagnostic studies included magnetic resonance imaging. Physical examination of the left shoulder was notable for positive impingement, right knee with slight swelling and peripatellar swelling, left knee with medial joint line tenderness and lumbar spine with stiffness and spasms. The plan of care was for a magnetic resonance arthrogram right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Arthrogram right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg chapter (acute and chronic) MR arthrography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343, Diagnostic Imaging.

**Decision rationale:** The patient has unchanged symptom complaints and clinical findings for this chronic injury without clinical change, red-flag conditions or functional deterioration s/p knee arthroscopy in 2011. Besides continuous intermittent pain complaints with unchanged range of motion, mild effusion without neurological deficits for the last year's reports, 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. 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 as ODG recommends Knee Arthrogram for meniscal repair and meniscal resection of more than 25%, not identified from submitted reports. The Magnetic Resonance Arthrogram right knee is not medically necessary and appropriate.