

<b>Case Number:</b>	CM14-0165402		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/31/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 37 year-old patient sustained an injury on 3/31/12 from squatting to fill bread on a rack while employed by [REDACTED]. Diagnoses include post-traumatic arthrosis of left knee with neuroma of lateral cutaneous nerve s/p arthroscopy with lateral meniscectomy on 9/7/12. There is past history of basketball injury with right knee arthroscopy at age 15. Report of 9/4/14 from the provider noted the patient with ongoing chronic knee symptoms of pain, clicking, popping, and swelling with feeling of giving way on left knee. Exam showed left knee with mild tenderness to palpation over anterolateral knee; range of 0-120 degrees with positive McMurray's, negative for instability, negative Apley's and drawer test; with 5/5 motor strength, DTRs 2+, and intact sensation in bilateral lower extremities. X-rays showed slight flattening of lateral tibial plateau with slight loss of joint space. Request(s) under consideration include MR arthrogram for left knee. The request(s) for MR arthrogram for left knee was denied on 9/26/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR arthrogram for left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Knee Chapter, MR Arthrography, page 330

**Decision rationale:** The patient has unchanged symptom complaints and clinical findings for this March 2012 injury without clinical change, red-flag conditions or functional deterioration demonstrated. Besides continuous intermittent 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. 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 documented here. The MR arthrogram for left knee is not medically necessary and appropriate.