

<b>Case Number:</b>	CM14-0212771		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Arizona, California, Florida  
 Certification(s)/Specialty: Family Practice

### 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 48-year-old female who reported injury on 06/24/2014. The mechanism of injury was not submitted for review. The injured worker is postoperative left knee arthroscopy with lateral meniscal debridement. An MRI of the knee demonstrated a tear of the lateral meniscus with degenerative change of the articular cartilage. Past medical treatment consisted of surgery, physical therapy and medication therapy. It was noted on Operative Report dated 03/11/2013 that the injured worker had a history of left knee pain. There were no progress notes or office visits submitted for review. The submitted request is for an MR arthrogram of the left knee. Rationale and Request for Authorization Form were not submitted for review.

### 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 ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The request for MR Arthrogram of the left knee is not medically necessary. The California MTUS//ACOEM Guidelines state for special studies and diagnostics, there should be evidence of joint effusion, palpable tenderness over the fibular head or patella, inability to walk or bear weight immediately or within a week of trauma and/or inability to flex knee to 90 degrees. In the submitted documentation the injured worker was status post knee arthroscopy with lateral meniscal debridement, however there was no indications or any physical objective or objective findings in the submitted documentation. No evaluations or imaging studies were submitted for review. Additionally, there was no rationale submitted for review to warrant the request. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.