

<b>Case Number:</b>	CM15-0117794		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 38 year old female who sustained an industrial injury on 9/16/13 as she was descending from a ladder she twisted her right knee. She felt a "pop" with acute onset of pain and swelling. She was medically evaluated and given an initial diagnosis of chondromalacia patella. She had physical therapy without significant improvement. She was referred for orthopedic evaluation. She continues to complain of right knee pain. On physical exam of the right knee there was tenderness on palpation over the medial joint line and proximal medial tibia, McMurray's test was guarded. Medications were ibuprofen, Norco. Diagnosis was knee arthrosis secondary to work injury. Treatments to date include soft splint with knee cutout; self-massage with modest benefit; foam roller to release tight thigh adductor muscles; knee brace; physical therapy; acupuncture; behavioral medicine evaluation; cortisone injection which helped for several days; work modification. Diagnostics include MRI of the right knee (9/3/14) showing chondral fissure along the posterior medial femoral condyle. On 5/21/15 the treating provider requested MRI arthrogram of the right knee to rule out medial meniscal tear versus osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) arthrogram of the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter criteria, MRI arthrogram.

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

**Decision rationale:** According to MTUS guidelines, MRI has a low ability to identify pathology for regional pain. However it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient has had an MRI of the right knee (9/3/14) showing chondral fissure along the posterior medial femoral condyle. There is no significant change in symptoms suggestive of a new pathology. Therefore, the request for MRI (Magnetic Resonance Imaging) arthrogram of the right knee is not medically necessary.