

<b>Case Number:</b>	CM15-0126322		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	01/20/2015
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 1/20/2015. The mechanism of injury is unknown. The injured worker was diagnosed as having left knee internal derangement. There is no record of a recent diagnostic study. Treatment to date has included acupuncture and medication management. In a progress note dated 6/1/2015, the injured worker complains of left knee pain. Physical examination showed positive McMurray with pain. The treating physician is requesting magnetic resonance arthrogram for 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 for the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient has unchanged symptom complaints and clinical findings for this injury without clinical change, red-flag conditions or functional deterioration. Besides

continuous intermittent pain complaints with limited range from pain, the exam is 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 it is unclear if an MRI has been done or is insufficient. 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 suspected residual or recurrent tear, for meniscal repair and meniscal resection of more than 25%, not seen here. The MR Arthrogram for the left knee is not medically necessary and appropriate.