

<b>Case Number:</b>	CM15-0174531		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: 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 32 year old male, who sustained an industrial injury on 9-23-14. The injured worker was diagnosed as having lumbosacral strain; lateral recess stenosis at L5-S1 on the left; internal derangement of the left knee; left posterior traumatic knee pain. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI left knee; x-rays left knee (8-12-15). Currently, the PR-2 notes dated 8-12-15 indicated the injured worker was seen for an initial orthopedic consultation. The provider notes the injured workers injury was the result of being rear-ended in a motor vehicle accident (not wearing a seat belt) with pain to his head, back and left leg. Initial treatment was medications and later x-rays of his back and left knee. He was then referred for an MRI of the left knee and advised at that time of a "possible tear of the meniscus". The provider documents a physical examination: "The patient indicates that the pain in the left knee is rated at 6-7 out of 10 and increases with walking and prolonged sitting, such as driving. The knee usually swells after prolonged weight bearing. He could make the knee pop when lying in bed and bending the knee back and forth." The provider continues to document the examination with neurological note: "Negative for neurological symptoms." He reports he is currently working full duty. The musculoskeletal examination is documented as: "normal light touch deep peroneal, superficial peroneal, sural, saphenous, tibial nerve distribution. Intact EHL, TA, GS motor function, 2+ dorsalis pedis pulse." He notes a positive McMurray's. X-rays of the left knee were taken on 8-12-15 (4 views) revealing "no patellar femoral arthritis, no medial compartment arthritis, and no lateral compartment arthritis. No fracture is noted." The provider documents MRI findings from a prior MRI (no date) impression

"possible medial meniscus tear". He is requesting a "MRI with intraarticular contrast to fully evaluate his left knee and confirm a medial meniscus diagnosis." A Request for Authorization is dated 9-1-15. A Utilization Review letter is dated 8-25-15 and non-certification was for MR Arthrogram of the Left Knee with Injection of Radiopaque Substance under Fluoroscopy Guidance. Utilization Review non-certified the MR Arthrogram of the left knee using the CA MTUS guidelines. The provider is requesting authorization of MR Arthrogram of the Left Knee with Injection of Radiopaque Substance under Fluoroscopy Guidance.

### **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 with Injection of Radiopaque Substance under Fluoroscopy Guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MR Arthrography.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee, Section: MRI Arthrography.

**Decision rationale:** The MTUS/ACOEM and the Official Disability Guidelines comment on the use of MRI arthrography as an assessment tool. The MTUS/ACOEM guidelines do not support MRI arthrography over an MRI. These guidelines note that MRIs are superior to arthrography for both diagnosis and safety reasons. The Official Disability Guidelines state the MRI Arthrography is only recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography. In this case, the guidelines support the use of MRI; however, there is no justification for the use of an MRI Arthrogram with Injection of a Radiopaque Substance under Fluoroscopic Guidance. This request is not medically necessary.