

<b>Case Number:</b>	CM15-0068687		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Preventive Medicine, Occupational 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 (IW) is a 57 year old male who sustained an industrial injury on 12/09/2011. He reported pain in the left knee. The injured worker was diagnosed as having compression-contusion injury, left knee with fractured patella, and status post arthroscopic left knee resection with partial patellectomy. Treatment to date has included arthroscopic surgery and use of compounded topical creams. On 2/10/15 the injured worker complained of left knee pain and exam showed knee with decreased motion and tenderness on palpation. Treatment plan included a second request for a MRI arthrogram of the left knee (the first request for this test was in Sep 2014), continuation of topical analgesic cream and use of a left knee short immobilizer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram of the left knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, pg 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation 1) American College of Radiology (ACR)

Appropriateness Imaging Criteria for Acute Trauma to the Knee, 2008, Last Reviewed 2013 2)  
American College of Radiology (ACR) Appropriateness Imaging Criteria for Nontraumatic Knee  
Pain, 1995, Last Reviewed 2012.

**Decision rationale:** Magnetic resonance imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. Magnetic resonance arthrography (MR-A) consists of the direct puncture of the joint and intraarticular injection of diluted gadolinium or saline solution. The MR-A allows for better imaging of articular and meniscus knee pathology when compared to MRI imaging, thus allowing the patient to avoid unnecessary diagnostic arthroscopy and allows for better therapeutic planning. According to the ACR there is no indication for knee MR-A in the non-traumatic knee and no indication for a repeat knee MR-A in acute trauma. This patient had an injury to his knee 4 years ago and since has had surgery (not recently but date of surgery not given) so that the knee anatomy has been changed. The provider requested the MR-A to look for causes of internal knee derangement. This follows the indications for this test as noted above. The request is medically necessary.