

<b>Case Number:</b>	CM15-0099801		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	04/19/2004
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: North Carolina

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 43 year old male with an industrial injury dated 04-19-2004. His diagnoses included status post left knee arthroscopy, recurrent lateral meniscus tear, left knee and bilateral knee pain. Prior treatment included medications and left knee arthroscopy. He presents on 04-03-2015 with complaint of bilateral knee pain rated as 4 out of 10. Physical exam noted well healed surgical scars from previous arthroscopic procedures. There was moderate discomfort at the endpoints of range of motion. He had significant pain and discomfort with McMurray's test. The provider documents the injured worker complained of significant pain and discomfort over the left knee and persistent pain and discomfort throughout his activities of daily living. The treatment request is for MRI arthrogram to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram to the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

**Decision rationale:** The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. In addition ODG only recommends arthrogram in suspected residual meniscal tear post repair. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. Therefore the request is not certified.