

<b>Case Number:</b>	CM13-0008269		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/03/2009
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an injured worker, with a diagnosis of right knee condition. The date of injury is February 3, 2009. The mechanism of injury is slip and fall, while getting out of the car. The New Injury Intake History form dated May 9, 2013 documented the patient complaint of bilateral knee condition, with a past medical history of hypertension and diabetes mellitus, with prescription medications including metformin, lisinopril, zocor, and hydrochlorothiazide. Past surgical history included left knee surgery 1996. Subjective: bilateral knee injury occurred while the patient was getting out of a car and fell on the ice. The patient complained of frequent pain 7/10 involving bilateral knees, right worse than left. The pain was described as sharp, dull ache, getting worse, throbbing, exercise walking or sitting makes it worse. There were complaints of pain in the posterior aspect of bilateral knees, right worse than left. No treatment received yet. The patient has been working "FD" full duty. "X-rays 3V each bilateral knees" was written on the form, with no mention of results. The treatment plan included magnetic resonance imaging (MRI), Synvisc, hydrocodone/acetaminophen, omeprazole, diclofenac, theramine, synovacin. No physical therapy was prescribed. No physical examination was documented for date of service May 9, 2013. PR-2 primary treating physician's progress report for the date of service June 27, 2013 by the provider documented subjective complaints of bilateral knee soreness and clicking more with movement. Medications included metformin, lisinopril, naproxen, glucosamine, theramine. No physical therapy. Physical examination findings included decreased range of motion, swelling, effusion, positive McMurray's test. The diagnoses were bilateral knee chondromalacia and bilateral knee osteoarthritis. The treatment plan included MRI, Synvisc, naproxen, theramine, synovacin. No physical therapy was prescribed. Results of knee x-rays were not documented. PR-2 primary treating physician's progress report for the date of service 08-08-2013 by the provider documented subjective complaints of bilateral knee pain and

popping, the patient is going to gym 3 to 4 times per week and working "FD" full duty. No physical therapy. Objective findings included crepitus, pain, swelling. The diagnoses were bilateral knee chondromalacia and bilateral knee osteoarthritis. The treatment plan included Synvisc, naproxen, theraamine, synovacin. No physical therapy was prescribed. The results of knee x-rays were not documented. A Utilization review dated August 1, 2013 recommended non-certification of the request for MRI of the right knee without contrast.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Magnetic Resonance Imaging (MRI) of the Right Knee without Contrast between 7/29/2013 and 9/12/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 335-336, & 343-347.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) states: Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Magnetic resonance imaging (MRI) test is indicated only if surgery is contemplated. Referral for surgical consultation may be indicated for patients who have: activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. The ACOEM recommended: MRI study to determine extent of anterior cruciate ligament (ACL) tear preoperatively. (C) Limited research-based evidence (at least one adequate scientific study of patients with knee complaints). Table 13-6 does not recommend MRI for other knee conditions. The medical record 05-09-13 documented that the patient reported a date of injury 02-03-2009. The patient stated that he had not received treatment for his bilateral knee injury before 05-09-13. Over four years had elapsed from the date of injury to the first visit with the current treating physician. The medical record 05-09-13 documented that patient had been working full duty. PR-2 report 08-08-13 documented that patient was going to the gym 3 to 4 times per week and working full duty. No physical therapy was prescribed on 05-09-13, 06-27-13, 08-08-13. PR-2 reports dated 06-27-13 and 08-08-13 documented that patient had been working full duty. PR-2 report 08-08-13 documented that patient was going to the gym 3 to 4 times per week and working full duty. No physical therapy was prescribed on 05-09-13, 06-27-13, 08-08-13. PR-2 reports dated 06-27-13 and 08-08-13 gave the diagnoses of bilateral knee chondromalacia and osteoarthritis. The MTUS/ACOEM guidelines do not recommend MRI for chondromalacia and osteoarthritis. The

guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The patient has not participated in physical therapy. Therefore, conservative care options have not been completely utilized. The clinical guidelines and medical records do not support the medical necessity of MRI of the knee. Therefore, the request for Magnetic Resonance Imaging (MRI) of the Right Knee without Contrast is not medically necessary.