

<b>Case Number:</b>	CM13-0009596		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/16/2002
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 Rhode Island. 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 beneficiary presents for bilateral knee pain. He has an extensive history of knee pain and shoulder pain with surgical repair. He has had arthroscopy of medial meniscus, chondroplasty, and right shoulder tendon repair. He had an MRI of the knees in 2011 which showed DJD or osteoarthritis type changes. The recent presentation does not note any trauma or other injury. The exam shows some decreased range of motion and tenderness. No effusion or knee instability. No other imaging is available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Knee Complaints, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008 Page 1021-1022

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

**Decision rationale:** The beneficiary presents for knee pain. There is no evidence for trauma or knee instability. There is no effusion or significant findings on examination. The MRI from 2011 shows DJD. The beneficiary should undergo a conservative course of therapy, before an MRI of

the knee. The MRI of the knee is medically not necessary, since at present there is no evidence for knee instability, trauma, and concern for surgical repair prior to a conservative course of management. I refer specifically to MTUS guidelines on diagnostic testing of the knee as noted on page 341-343.