

<b>Case Number:</b>	CM13-0013079		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/06/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 53-year-old female who reported an injury on 09/06/2009. The mechanism of injury was noted to be carrying a heavy piece of equipment. Prior treatments include topical gel, injections, and medications. Her diagnosis was noted to be lumbar spine degenerative disc disease. The injured worker was seen for an evaluation on 07/20/2011. The complaints were increased low back pain rated a 9/10 and increased numbness, tingling and cramping in her legs. The physical examination was of the lumbar spine and pelvis. She had tenderness to palpation over the sacroiliac and tenderness to palpation with spasms over the paraspinals. Sensation was decreased on the right lateral thigh. The treatment included a gynecological consultation and an orthopedic consultation. The provider's rationale for the requested MRI of the bilateral knees was not provided within the documentation. A Request for Authorization for medical treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (magnetic resonance imaging).

**Decision rationale:** The request for MRI of the bilateral knees is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine state most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemiarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion 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 nonacute stage based on history and physical examination, these injuries are commonly missed or overdiagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. The Official Disability Guidelines recommend MRIs for soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption). Indications for imaging include acute trauma to the knee, including significant trauma (example: motor vehicle accident), or if suspect posterior knee dislocation, ligament or cartilage disruption. Other indications for imaging would include nontraumatic knee pain or a postsurgical need to assess cartilage repair. The injured worker's clinical evaluation on 07/02/2011 did not indicate knee trauma, pain nor did it provide a knee assessment. According to the guidelines, the injured worker does not meet the criteria for magnetic resonance imaging. Therefore, the request for MRI of the bilateral knees is not medically necessary.