

<b>Case Number:</b>	CM13-0018321		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	09/04/2000
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial contusion injury on September 4, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; apparent diagnosis with knee arthritis; a cane; and consultation with an orthopedic knee surgeon, who has apparently recommended a total knee arthroplasty. In a Utilization Review Report of August 15, 2013, the claims administrator denied a total knee arthroplasty and denied a knee MRI. No guidelines were cited to support either denial. In a January 24, 2013 progress note, the applicant was described as having bilateral knee and shoulder pain. The applicant was status post right total knee arthroplasty. It was stated that the applicant wanted to have replacement of left knee brace provided. The applicant was on OxyContin, Norco, Neurontin, Xanax, Ambien, Lidoderm, Androgel, Motrin, Colace, Viagra, and Effexor at that point in time. The applicant did not appear to be working as of that point in time. Multiple physical therapy progress notes interspersed throughout 2013 suggest that the applicant is not working. In a March 29, 2013 progress note, the attending provider writes that the applicant has a moderate amount of arthritis about the left knee. A March 25, 2013 x-ray demonstrates stable anatomic alignment following right total knee arthroplasty and stable degenerative changes in the left knee, tricompartmental, and moderate in severity. In a July 25, 2013 progress note, the applicant was described as having advanced knee arthritis. The applicant was asked to consider a total knee arthroplasty. MRI imaging of the knee was sought. The applicant was given a knee corticosteroid injection in the interim.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LEFT KNEE:** 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.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-2, pages 335 and 336, MRI imaging can be employed to confirm a variety of diagnoses, including meniscal tear, collateral ligament tear, cruciate ligament tear, and/or patellar tendonitis in applicants in whom surgery is being actively considered or contemplated. In this case, however, the applicant does not have any issues with ligamentous derangement of the knee. Rather, the applicant has issues with advanced knee arthritis. He was asked to consider a total knee arthroplasty on an office visit of July 25, 2013. Knee arthritis is not a diagnosis which requires MRI imaging to uncover as the Third Edition ACOEM Guidelines note that MRI imaging is not recommended for routine evaluation of degenerative joint disease of the knee, the issue present here. Since the applicant has already been definitively diagnosed with advanced left knee arthritis on the strength of the clinical presentation and earlier plain films of the knee, the proposed MRI imaging is superfluous. Accordingly, the request is not certified, on Independent Medical Review.