

<b>Case Number:</b>	CM13-0018681		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/27/1999
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Orthopedic Surgery 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:

This is a 65-year-old male who reportedly suffered an injury to his knee in August of 1999. The request was to determine the medical necessity of a left knee MRI. Records reflect that this gentleman reportedly suffers from patellofemoral osteoarthritis. He has apparently seen a number of physicians, some of whom have recommended surgery, some of whom have not. Apparently, according to the records, he had an MRI scan in 2010, the results of which are unknown. His treating physician has recommended an MRI based on his on-going pain complaints and the thought that he may have internal derangement that would require surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines, on-line edition, Knee and Leg chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** MTUS Guidelines are silent regarding repeat MRI scans. The Official Disability Guidelines would point out that in the absence of a clinical change repeat studies are

typically not indicated and/or revealing. The records in this particular case fail to document the findings on the previous MRI scan. While it is three years old, it would certainly be relevant to an injury that occurred fourteen years ago. The absolute indications for surgery in this gentleman's case would not be whether or not his MRI scan identifies "surgical pathology" but whether or not there has been a clinical change that would warrant proceeding with surgery and whether or not the individual has failed sufficient conservative measures. As such, without discussion as to the nature of this gentleman's care to date and understanding the results of the MRI scan from 2010 and how it affected or did not affect treatment, repeat study would not be warranted and as such I would uphold the denial in this particular setting. This does not deny that the patient may in fact eventually come to MRI scan, but the clinical information provided does not make a compelling case based on the evidence based literature.