

<b>Case Number:</b>	CM13-0029073		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	02/04/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 is licensed to practice in Nevada. 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 records presented for review indicate that this 54-year-old male was reportedly injured on February 4, 2012. The mechanism of injury is tripping on a soda on the floor and landing on her hands and knees. The most recent progress note, dated August 7, 2013, indicates that there are ongoing complaints of numbness and tingling in the hands as well as bilateral knee pain. The physical examination demonstrated tenderness over the left and right wrists. There was a positive Phalen's test and decreased grip strength as well as decreased range of motion. Examination of the lumbar spine noted decreased range of motion. There was popping and crepitus with bilateral knee range of motion. There was bilateral joint line tenderness and a positive Apley's test. Diagnostic imaging studies of the right wrist indicated distal radial ulnar joint instability and a partial detachment of the triangular fibrocartilage complex as well as evidence of a scapholunate ligament tear. An MRI the left wrist also revealed a partial detachment of the triangular fibrocartilage complex and evidence of the scapholunate ligament tear. An MRI of the left knee indicated degeneration at the medial meniscus and a subchondral cyst at the lateral tibial plateau. Previous treatment includes physical therapy, home exercise, medications, ice, knee support, injections, and modified duty. A request had been made for an MRI of the bilateral knees and was not certified in the pre-authorization process on September 24, 2013.

### 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): 341-343.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI, Updated October 7, 2014.

**Decision rationale:** According to the attached medical record the injured employee has had a previous MRI of the left knee on April 15, 2012, which indicated mixoid degeneration. Symptoms and physical examinations were stated to be the same for the left and right knee. A repeat MRI is not indicated unless there is a need to potentially assess a cartilage tissue repair. Considering this, an MRI of the bilateral knees is not medically necessary.