

<b>Case Number:</b>	CM13-0029619		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	03/05/2008
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Pulmonary Diseases, 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:

The patient is a 52-year-old gentleman who sustained a work-related injury to his left knee on 3/05/08. The records also indicate injury to the cervical spine and lumbar spine. A clinical assessment dated 8/13/13 with treating physician [REDACTED] indicated ongoing complaints of pain about the left knee as well as left piriformis muscle. The patient states his left knee is swollen, and he is having difficulty bearing weight. Physical examination demonstrated positive swelling to the knee with painful range of motion and 4/5 motor strength. However, the patient's working assessment of the knee was not documented. Prior imaging of the patient's left knee or documentation of specific treatment was not noted.

### 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 without contrast:** Overturned

**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): 343.

**Decision rationale:** Recent clinical assessment indicates the patient has significant swelling and effusion, and an inability to bear weight. These appear to be acute complaints dating back to

previous assessments that did not demonstrate these current objective findings. While the patient is noted to be at a chronic state in his clinical course of care, the acuteness of exam findings as well as acute inability to bear weight based on swelling would necessitate the role of an MRI scan at this stage in the clinical course of care. As such, the request for MRI left knee without contrast is medically necessary and appropriate.

**Pennsaid 1.5% solution, 40 drops to the left knee twice a day with two refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** Guideline criteria indicate that Diclofenac is not a first line treatment, particularly in the topical setting. While Diclofenac can be supported for the role of osteoarthritis in the knee, the patient's current clinical picture is not consistent with a diagnosis of underlying degenerative arthrosis, but more of an acute inflammatory reaction for which an MRI scan is also being ordered. At present, it is not possible to support the role of this second line agent for the patient's current clinical picture based on clinical records available for review. As such, the request is not medically necessary or appropriate.