

<b>Case Number:</b>	CM13-0034739		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/18/1997
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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:

The claimant is a 71-year-old gentleman who was injured in a work related accident on June 18, 1997. The medical records documented that the claimant injured his right knee as a result of a slip and fall, but there is documentation of prior low back complaints as well. A July 19, 2013 orthopedic report by [REDACTED] indicated the claimant returned to the office for the sole purpose of an injection to the right knee for a diagnosis of underlying degenerative joint disease. Formal physical examination findings were not noted at that time. Follow up orthopedic evaluation with [REDACTED] on August 30, 2013 noted low back and right knee complaints. Physical examination at that time only documented the claimant's vital signs. He was diagnosed with arthritic changes to the knees and recommendations were for weight bearing x-rays of the knee along with an MRI of the knee for further assessment. The office record documented that the claimant had not had imaging since 2003; there was no imaging available for review. There were also no pertinent physical examination findings or change in the claimant's clinical course present as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines are silent on this issue. Based on Official Disability Guideline criteria, the MRI scan of the knee would not be indicated. The claimant has a long history of complaints to the right knee with clear documentation of the diagnosis of advanced degenerative joint disease. While the treating physician indicates no imaging has been performed since 2003, the passage of time in and of itself is not a clinical indication for an MRI. The claimant has no medical records that document formal physical examination findings demonstrating an acute intra-articular process that would support an MRI. Given the medical documentation provided for review and an understanding of a degenerative process, the role and need for an MRI scan at this stage in the clinical course of care cannot be supported. The request is non-certified.