

<b>Case Number:</b>	CM13-0043567		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/26/1998
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 & Rehabilitation 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:

According to the records made available for review, this is a 58-year-old male with a 10/26/98 date of injury. At the time (9/10/13) of request for authorization for MRI of the left knee 73721 and MRI of the right knee 73721, there is documentation of subjective (ongoing bilateral knee pain) and objective (examination deferred) findings, imaging findings (X-Ray Left Knee (8/21/13) report revealed mild degenerative spurring at the patellar articular surface and patellar enthesophyte; X-Ray Right Knee (8/21/13) report revealed mild narrowing at the patellar articular surface, minimal spurring at the tibial spines, mild spurring at the patellar articular surface, and moderate superior and mild inferior patellar enthesophyte in the quadriceps and patella tendon), current diagnoses (degenerative spurring at the patella articular surface, bilateral knees), and treatment to date (medications).

### 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 Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as non-diagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain; initial anteroposterior and lateral radiographs non-diagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs non-diagnostic; non-trauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee. Within the medical information available for review, there is documentation of a diagnosis of degenerative spurring at the patella articular surface, bilateral knees. However, there is no documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear. In addition, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the left knee is not medically necessary.

**MRI OF THE RIGHT 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): 344-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as non-diagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain; initial anteroposterior and lateral radiographs non-diagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs non-diagnostic; non-trauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee. Within the medical information available for review, there is documentation of a diagnosis of degenerative spurring at the patella articular surface, bilateral knees. However, there is no documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear. In addition, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated. Therefore,

based on guidelines and a review of the evidence, the request for MRI of the left knee is not medically necessary.