

<b>Case Number:</b>	CM13-0050629		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 57-year-old male who reported an injury on 05/10/2012. The mechanism of injury was not provided. On 12/05/2013, the injured worker presented with left knee pain. He also reported cervical spine pain, chronic headaches, tension between the shoulder blades, and migraines. In addition, the right knee has become worse since surgery due to the shifting of weight from the left to the right knee. Upon examination of the right knee, there was a positive patellar grind test and a positive McMurray's. The left knee had a well-healed incision and no infection. The diagnoses were: status post left knee arthroscopy, cervical lumbar discopathy, bilateral chronic S1 radiculopathy, carpal/cubital tunnel/double crush syndrome/lateral epicondylitis, status post right carpal tunnel release, left shoulder impingement syndrome, internal derangement of the left hip, internal derangement of the right knee, and plantar fasciitis. Prior treatment included surgery and medications. The provider recommended a Magnetic Resonance Imaging (MRI) of the right knee and the hip. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging to the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-434.

**Decision rationale:** The request for MRI to the right knee is not medically necessary. The California MTUS American College of Occupational and Environmental Medicine Guidelines state "special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation have failed." Criteria for use for special studies include the inability to walk without a limp, a twisting injury with no effusion, joint effusion within 24 hours of a direct blow or fall, palpable tenderness over the fibula head or patella, inability to walk 4 steps or bear weight immediately or within a week of trauma, and inability to flex the knee to 90 degrees. The injured worker does not have a diagnosis or signs and symptoms congruent with the guideline recommendations for a knee MRI. Additionally, there is lack of evidence of failure to respond to conservative treatment, which would include medication and physical medicine. As such, the request for MRI to the right knee is not medically necessary.

**Magnetic Resonance Imaging to Right Hip: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis, MRI.

**Decision rationale:** The request for a MRI to the right hip is not medically necessary. The Official Disability Guidelines recommend an MRI for indications of osseous, articular, or soft tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft tissue injuries; and tumors. If there is suspected osteoid osteoma or labral tears, an MRI may be recommended. As the injured worker does not have signs and symptoms or a diagnosis congruent with the guideline recommendations for an MRI, an MRI would not be warranted. As such, the request for MRI to the right hip is not medically necessary.