

<b>Case Number:</b>	CM13-0051099		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 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 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 patient is a 54 year old male with an industrial injury on 12/9/10. The patient is status post a left knee Oxford procedure for unicompartmental arthroplasty on 6/12/11. Exam notes from 8/21/13 demonstrate that the patient is at maximum medical improvement. The patient was diagnosed with left knee medial compartment arthritis, right ankle chronic ATFL tear, right peroneal tendon split, and osteochondral defect of the talar dome. Exam notes from 9/24/13 demonstrate that the patient has left knee pain. Exam of the knee revealed a well healed anteromedial incision, and no effusion and full range of motion at 0-130 degrees without pain. There was no excessive varus or valgus instability. The patient walks with a slight antalgic gait. The patient is scheduled for a total knee arthroplasty. The request is for a preoperative left knee MRI for custom prosthesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT KNEE MRI WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

**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 is silent on the issue of a preoperative MRI for custom total knee arthroplasty. According to the Official Disability Guidelines criteria, preoperative MRI is utilized in custom total knee arthroplasty to place knee components into the pre-arthritic natural alignment; however, it has yet to be proven beneficial. As it is under study and awaiting higher quality studies, the decision is for non-certification for the left knee MRI without contrast.