

<b>Case Number:</b>	CM13-0056272		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/04/2001
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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:

The patient is a 43-year-old male with a date of injury of 01/04/2001. The listed diagnoses per [REDACTED] are: status post cervical fusion; degenerative collapsed disk at L5 to S1; bilateral shoulder impingement syndrome with tendinitis; bilateral sprained knees, possible internal derangement. According to report dated 09/05/2013 by [REDACTED], the patient presents with complaints of pain in his neck, low back, bilateral shoulders, and knees. There is no physical examination on this report. Report dated 05/28/2013 also does not provide an examination. Report dated 04/01/2013 states patient presents with neck pain and stiffness which increases with movement. He also complains of low back, bilateral shoulder, and bilateral knee pain. Patient's pain in both knees includes popping, locking, and giving away. Examination of the right knee revealed 2+ swelling with tenderness at the medial and lateral joint lines. Range of motion is 5 to 130 degrees. The McMurray test is positive and the Lachman test is negative. The left knee revealed 2+ swelling with tenderness at the medial and lateral joint lines. Range of motion is 5 to 120 degrees. X-ray of the bilateral was taken on this date which revealed "unremarkable findings".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 348-350.

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

**Decision rationale:** This patient presents with bilateral knee complaints. The recommendation is for MRI of the bilateral knees. Medical records indicate this patient had MRI of the right knee on 07/18/2011. Unfortunately, the MRI report was not provided for review. ACOEM Guidelines states "special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG guidelines may be more appropriate at addressing chronic knee condition. ODG states that an MRI is reasonable if internal derangement is suspected. However, this patient already had MRI's done in 2011. The treater does not explain why an updated MRI is needed. There is no documentation of a new injury, surgery, or pending surgery to warrant a new set of MRI's. The request is not medically necessary and appropriate.