

<b>Case Number:</b>	CM13-0070642		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/07/2009
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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:

The injured worker reported an injury on 07/07/2009. The mechanism of injury was not stated. Current diagnoses include severe lumbar degenerative disc disease, right knee medial meniscus tear, right knee osteoarthritis, right knee distal femoral large enchondroma, severe left knee osteoarthritis, recent injury to the left great toe, recent development of acute right hip trochanteric bursitis, and recent anterior lumbar fusion. The injured worker was evaluated on 11/14/2013. Physical examination revealed improved range of motion in the right lower extremity with mild medial and lateral joint line tenderness. X-rays obtained in the office on that date indicated evidence of an L5-S1 fusion. Treatment recommendations at that time included a repeat MRI of the right knee in 2 to 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/knee.htm>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters for ordering knee radiographs following trauma include joint effusion within 24 hours of a direct blow or a fall, palpable tenderness over the fibular head or patella, an inability to walk 4 steps or bear weight immediately or within a week of the trauma, and an inability to flex the knee to 90 degrees. As per the documentation submitted, the injured worker does maintain a diagnosis of right knee osteoarthritis, right knee medial meniscus tear, and right knee distal femoral large enchondroma. However, there was no comprehensive physical examination of the right knee performed on the requesting date of 11/14/2013. There is no mention of an attempt at conservative treatment for the right knee prior to the request for a repeat imaging study. The medical necessity has not been established. Therefore, the request for MRI of right knee is not medically necessary and appropriate.