

<b>Case Number:</b>	CM14-0005774		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/12/2002
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 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 is a 56 year old male who reported an injury on 02/12/2002. The mechanism of injury was not provided. Per the 11/15/2013 clinical note, the injured worker reported worsening pain. Physical examination of the knee showed tenderness, +1 effusion, limited range of motion, and a positive McMurray's test. The injured worker's diagnoses included internal derangement of the knee. The provider recommended a repeat MRI due to increasing pain and discomfort. The request for authorization form for an MRI of the right knee was submitted on 12/02/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI(MAGNETIC RESONANCE IMAGING) RIGHT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI's (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI's (Magnetic Resonance Imaging).

**Decision rationale:** ACOEM states reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The Official Disability Guidelines state MRIs are indicated if initial anteroposterior and lateral radiographs are nondiagnostic. Repeat MRIs of the knee are indicated for post-surgical cases to assess knee cartilage repair tissue. The medical records provided indicate the injured worker has a history of bilateral knee arthropathy and internal derangement of the knee. In the 11/15/2013 clinical note, the physical examination did not specify which knee was evaluated. The provider requested a repeat MRI due to increasing pain and discomfort. There is a lack of documentation to indicate the injured worker had a previous knee MRI or radiograph. It is also unclear if any prior treatment or evaluation of the knees had taken place. The medical necessity for a right knee MRI was not established. As such, the request is not medically necessary.