

<b>Case Number:</b>	CM14-0006148		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Occupational Medicine 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 45-year-old female who has submitted a claim for chronic right and left knee pain, internal derangement of the left knee joint status post arthroscopic surgery, right knee associated with an industrial injury date of May 12, 2012. The medical records from 2012-2013 were reviewed showing the patient having bilateral knee pain, more on the left. There is occasional episode of catching sensation, aggravated by daily activity without episode of the knee to give out. Physical examination showed diffuse left knee joint tenderness in the anteromedial aspect of the joint line. There is popping and grinding during flexion and extension. Anterior drawer test, Lachman test, pivot test, Apley test and McMurray test was negative. MRI of the left knee, dated June 7, 2013, revealed tiny left knee joint effusion and no definite meniscal, ligament or tendon tear. The treatment to date has included medications, physical therapy, activity modification, home exercise program, and right knee arthroscopic surgery. A utilization review, dated January 15, 2014, denied the request for repeat MRI of the left knee because the imaging test should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT LEFT KNEE MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI

**Decision rationale:** As stated on pages 1021-1022 of the ACOEM Knee Complaints Guidelines referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, a previous MRI dated June 7, 2013 showed no meniscal, ligament or tendon tear. The most recent progress report states that the reason for the above request was because the patient continues to experience pain and soreness of the knee joint. However, there was no worsening of subjective complaints and objective findings that may warrant further investigation using MRI. There is also no evidence of an unstable left knee. Therefore, the request for repeat left knee MRI is not medically necessary.