

<b>Case Number:</b>	CM14-0006537		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/26/2006
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Orthopedic Surgery, has a subspecialty in Spinal Surgery, and is licensed to practice in Texas. 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 65-year-old who sustained injuries to her bilateral knees on July 26, 2006. The mechanism of injury was not documented. It was noted that the injured worker is status post right knee arthroscopy dated November 2002 and left knee arthroscopy dated April 2010. The injured worker continues to follow-up with a separate physician for low back complaints. Physical examination noted well-healed arthroscopic portals with patellofemoral crepitation, positive grind test, pain with deep squat and range of motion 0-120°; tenderness to palpation of the medial joint line of the left knee and lateral joint line of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee And Leg Chapter, MRIs.

**Decision rationale:** There was no indication of plain radiographs were obtained prior to the request for more advanced MRI. There was no indication of a new acute injury or exacerbation

of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no findings of decreased motor strength, increased reflex or sensory deficits on physical examination. There were no additional 'red flags' identified that would warrant MRI. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the bilateral knees has not been established. The request for an MRI of the bilateral knees is not medically necessary or appropriate.

**REFERRAL TO SPINE SPECIALIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee And Leg Chapter, Office Visits.

**Decision rationale:** Physical examination did not note any significant lumbar pathology objectively; the injured worker had subjective complaints of low back pain and it was reported that the injured worker was being treated by a separate physician in regards to her low back complaints. Epidural steroid injections were requested, but denied by the carrier. Given the limited clinical documentation submitted for review, medical necessity of the request for referral to a spine specialist has not been established. The request for a referral to a spine specialist is not medically necessary or appropriate.