

<b>Case Number:</b>	CM14-0014331		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/25/1991
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 52-year-old male who has submitted a claim for cervical disc disease, cervical radiculopathy, status post lumbar fusion, lumbar facet syndrome, lumbar radiculopathy, bilateral sacroiliac joint pain, status post right knee arthroscopy with residual, associated with an industrial injury date of February 25, 1991. The medical records from 2013 through 2014 were reviewed. The latest progress report, dated 12/06/2013, showed constant neck pain that radiates across bilateral shoulder with pain and numbness of his right arm down to his fingers. The pain score was 6-7/10. There was a pressure sensation in his neck. He complained of stabbing sensation in his back that radiates to his lower extremities. The pain score was 9/10. There was a burning sensation with numbness in his back. A physical examination revealed an antalgic gait on the right. Heel-toe walking showed exacerbation of his antalgic gait on the right. There was moderate facet tenderness noted. There was restriction of range of motion for the lumbar spine. There was tenderness in the anterior part of the right knee. There was no effusion, swelling or edema noted. There was no limitation in the range of motion of bilateral knee. The Patella compression test and McMurray test were both positive. There was no evidence of instability. The patient has decreased sensation in the L5 and S1 dermatomes on the right. The MRI of the right knee, dated 12/03/2012, showed mid-portion of the medial meniscus with a possible occult-type tear. Mild to moderate joint effusion and anterior cruciate ligament (ACL) sprain were noted. The treatment to date has included right knee arthroscopy, lumbar fusion, physical therapy, chiropractic therapy, transfacet epidural injection and medications. The utilization review from 01/27/2014 denied the request for an MRI of the right knee, because it was noteworthy that his date of injury was almost 23 years ago. It was unclear how an injury in 1991 resulted in knee pathology that has not come to light until now.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One (1) MRI (magnetic resonance imaging) of the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter, ACOEM Guidelines, 2nd Edition, 2007, Chapter 13, and on the Non-MTUS Official Disability Guidelines, Treatment for Workers' Compensation, Online Edition, Chapter: Knee & leg, MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, MRI.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that an 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 anterior cruciate ligament (ACL) tear preoperatively. The Official Disability Guidelines criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. In this case, the patient had a previous MRI on 12/03/2012. However, the most recent clinical evaluation did not cite any indications as stated above to undergo an MRI of the right knee. The medical necessity for a repeat MRI was not established. Therefore, the request for an MRI of the right knee is not medically necessary.