

<b>Case Number:</b>	CM14-0015580		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	08/11/2008
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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:

This is a 54-year-old female with an 8/11/08 date of injury. She was seen on 11/15/13 for ongoing pain in the low back, left shoulder, and right knee on 7-9/10. The exam findings of the knees revealed no evidence of swelling, or ligamentous instability. There was tenderness to palpation over the lateral and medial joint line and patellofemoral region. Flexion was reduced to 120 degrees. McMurray's test was negative. On November 13th, plain films were obtained of the knees bilaterally, which were unremarkable. A 1/7/14 progress reports states the patient's pain increased by 20% with regard to her right knee. The exam findings were unchanged. An MRI (magnetic resonance imaging) is being requested to rule out meniscal pathology. The treatment to date: aquatic therapy, medications, work modification, HEP, and use of an assistive device. A utilization review decision dated 1/3/14 denied the request given there were no signs or symptoms of internal derangement.

### 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 Page(s): MAGNETIC RESONANCE IMAGING. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

**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.

**Decision rationale:** The CA MTUS recommends MRI (magnetic resonance imaging) 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. In addition, the Official Disability Guidelines (ODG) 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 apparently had plain films of the knees on 11/13/13, the results of which were not made available for review. The request for MRI is to rule out meniscal pathology given the patient's clinical findings of joint line tenderness. However, the patient has no effusion, a negative McMurray's test, and no evidence of instability. There are no subjective complaints of locking, giving way, or popping. Her date of injury is 6 years old and she has findings of bilateral medial, lateral, and patellar joint tenderness, but all other tests for internal derangement are negative. In addition, there is no information regarding the mechanism of injury with regard to the patient's knees. The MTUS criteria have not been fulfilled. Therefore, the request for bilateral knee MRI is not medically necessary.