

<b>Case Number:</b>	CM14-0016292		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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:

Patient is a 61-year-old female who has submitted a claim for arthropathy of lower leg and internal derangement of right knee associated with an industrial injury date of 03/30/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of right knee pain, graded 7/10 in severity, described as sharp, aching pain with difficulty straightening the joint. Aggravating factors included prolonged walking, standing, climbing stairs, squatting, and kneeling. Patient likewise reported sharp pain at the right ankle associated with numbness and tingling sensation. Physical examination revealed tenderness with limited knee extension. Crepitus was noted bilaterally. Knees were stable to valgus, varus, and anteroposterior stress. Motor strength, reflexes, sensation, and vascular examination were unremarkable. Gait was normal. Treatment to date has included right knee arthroscopy in 10/25/2012, left knee arthroscopy in January 2013, chiropractic care, acupuncture, physical therapy, cortisone injection, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI WITHOUT CONTRAST OF THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 13-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Knee and Leg Section, MRI.

**Decision rationale:** As stated on the Knee Chapter of American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Practice Guidelines referenced by California Medical Treatment Utilization Schedule (MTUS), magnetic resonance imaging (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 tear preoperatively. In addition, Official Disability Guidelines (ODG) criteria include significant trauma to the knee, suspect dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, patient is status post right knee arthroscopy in 10/25/2012; however, there has been persistence of right knee pain. It was described as sharp, aching pain with difficulty straightening the joint. However, physical examination revealed stable to valgus, varus, and anteroposterior stress. Crepitation and limited extension were the only pertinent objective findings. There was no mention of locking / popping episodes. No recent trauma or injuries were noted. Moreover, a progress report from 10/30/2013 cited that patient underwent MRI of the right knee, however, official results were not disclosed. There is no clear indication for a repeat MRI at this time. Therefore, the request for magnetic resonance imaging without contrast of the right knee is not medically necessary.