

<b>Case Number:</b>	CM14-0017646		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Internal 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 60-year-old male who has submitted a claim for degenerative joint disease of the left knee and tear of medial cartilage or meniscus of knee, associated with an industrial injury date of March 28, 2011. Medical records from 2013 to 2014 were reviewed. The patient is being treated for osteoarthritis of the left knee and is status post total knee replacement of the left knee on May 24, 2013. He complains of moderate persistent left knee pain. There was also intermittent, slight right knee pain that increases to moderate with activity. Physical examination showed a minimally antalgic gait; tenderness over the medial joint line of the right knee; and trace positive McMurray's sign on the right knee. No joint instabilities were noted on both knees. Left knee exam was normal. X-ray of the left knee was obtained on October 2, 2013 showing well-aligned and well-fixed TKA. The diagnoses were degenerative joint disease of the left knee status post TKA and rule out medial meniscus tear, right knee. Treatment plan includes a request for x-ray and MRI of the right knee to rule out a medial meniscus tear. X-ray for the left knee was also requested. Treatment to date has included oral analgesics, home exercises, physical therapy, occupational therapy, viscosupplementation and left TKA. Utilization review from February 6, 2014 denied the requests for x-rays, bilateral knees and MRI of the right knee. The reason for denial was not available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAYS, BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment, Knee & Leg (Acute & Chronic), Indications for Imaging -X-rays.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** According to pages 341-343 of the ACOEM Guidelines referenced by California MTUS, most knee problems improve quickly once any red-flag issues are ruled out. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters for ordering knee radiographs following trauma in this population are: joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and inability to flex knee to 90 degrees. In this case, the patient complains of bilateral knee pain. With regards to the right knee, physical examination showed medial joint line tenderness. Medial meniscal tear was being ruled out. Plain radiograph of the right knee may be warranted at this time to rule out internal derangement. With regards to the left knee, x-ray was obtained on October 2, 2013 showing well-aligned and well-fixed TKA. Most recent physical examination of the left knee showed normal findings. There was no compelling rationale that warrants repeat left knee imaging at this time. Therefore, the request for x-rays, bilateral knees is not medically necessary.

**MRI 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 ODG Treatment, Knee & Leg (Acute & Chronic), 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, MRI's (magnetic resonance imaging).

**Decision rationale:** According to the Knee Chapter of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California 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, medial meniscus tear of the right knee was suspected. However, no previous x-ray of the right knee was done. The guidelines recommend MRI when plain radiographs of the knee are non-diagnostic or suggestive of internal derangement. The medical necessity has not been established at this time. Therefore, the request for MRI of the right knee is not medically necessary.

