

<b>Case Number:</b>	CM14-0143666		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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:

There were 846 pages provided in this review. There was six months of medical records and a utilization review provided. Many Independent Medical Review applications were noted. There was an application for independent medical review for a left knee MRI. There was a utilization review from October 15, 2014. She was described as a 54-year-old woman with a documented medical history of fibromyalgia, irritable bowel syndrome, thyroid disease, diabetes, hypercholesterolemia, chronic fatigue syndrome, temporomandibular joint syndrome and hypertension. There was a well-documented prior surgical history of two left ankle surgeries in 1997 and C4-C6 fusion in 2004. She tripped and fell on May 29th 2010 with resulting left ankle, low back and cervical injuries. Treatment via multiple providers has been extensive and included right shoulder arthroscopic meniscal debridement in 2010, right shoulder subacromial decompression and Mumford in 2011, a right carpal tunnel release in June 2014, chronic pain management and assessment for chronic regional pain syndrome with a stellate ganglion block in 2014 and comprehensive psychiatric management with utilization of psychotropic medicines. She has had physical therapy and aquatic therapy. There were chronic multifocal pains to the neck, shoulders back and the right leg. The numerous requests appear to be driven by the documented claims of pain and paresthesia to multiple areas listed in the checklist. There was no documentation of a detailed physical exam. There was also an application for independent medical review for bilateral lower extremity EMG. There was one for a sudoscan and one for kidney ultrasound. There was one for compounded medicine creams, and another for vascular studies. The request of interest pertains to a primary diagnosis was left knee strain. The request was for an MRI of the left knee. The request for independent medical review was dated September 4, 2014. The claimant is a 54-year-old woman with an injury back in the year 2010. There was a fall forward onto the knee with bilateral knee and a right shoulder injury. An AME

from March 17, 2014 documented a prior history of claims of injury to the right arm in 2004, right knee in 2004, hand in 2004, right knee in 2007, left hand and finger in 2007, neck and head via a fall in 2008, and abdomen in 2009. The patient is status post right knee arthroscopy to treat meniscal tears and shoulder surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left Knee Strain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back 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 section, under MRI.

**Decision rationale:** On closer read of the request, the correct service under review is a knee MRI for a knee strain. The MTUS does not address repeat advanced imaging for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. I did not find current plain x-ray analysis. Also, I did not find strong current orthopedic signs suggestive of knee internal derangement or injury. In this context, it is not clinically clear what would be gained with a knee MRI. The request was appropriately denied under evidence-based criteria.