

<b>Case Number:</b>	CM14-0152378		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Physical Medicine and Rehabilitation 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 48 year-old patient sustained an injury on 7/18/11 from moving and lifting trusses falling forward onto his knees while employed by [REDACTED]. Request under consideration include MRI of the right knee. Diagnoses include lumbar degenerative disc disease (DDD)/ facet arthropathy; meralgia paresthasias, bilateral sacroiliitis, and right 10th/11th rib contusion, myofascial spasms, general deconditioning, and morbid obesity body mass index (BMI) 47.9. Conservative care has included medications, therapy, H-Wave, median branch blocks at L4, L5, and S1 bilaterally, diagnostic MRI with right knee x-ray on 11/28/12 showed normal exam. PM&R QME on 4/14/14 noted patient with diagnoses of lumbosacral strain/ mild radiculitis; right knee strain; obesity; hypertension; and peripheral neuropathy. The patient was deemed Permanent and stationary (P&S) with future medical for medications, short course of physical therapy (PT), transcutaneous electrical nerve stimulation (TENS), and weight loss. Report of 8/28/14 from the provider noted the patient with persistent pain across back, right knee/thigh pain with walking. Medications list Losartan, Norco, Carvedilol, Amlodipine, and Tizanidine. Exam showed tenderness at lumbar spine, sacroiliac joint, piriformis muscle and a positive Lasegue's with right knee tenderness on palpation. Impression had possible right knee meniscal tear. The request for MRI of the right knee was non-certified on 9/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 348-350.

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

**Decision rationale:** There is no recent x-ray of the right knee for review with last done in 2012 showing normal findings. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings with evidence of internal derangement, acute flare-up, new injuries, failed conservative knee treatment trial or progressive change to support for the imaging study. The MRI of the right knee is not medically necessary and appropriate.