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| <b>Case Number:</b>   | CM14-0158423 |                              |            |
| <b>Date Assigned:</b> | 10/01/2014   | <b>Date of Injury:</b>       | 07/08/2013 |
| <b>Decision Date:</b> | 10/28/2014   | <b>UR Denial Date:</b>       | 09/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2014 |

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 57-year-old female who injured her left knee on July 8, 2013. She had left knee arthroscopy in December 2013. She continues to have left knee pain. She has completed physical therapy and home exercise program. The patient takes NSAID medication for pain. On physical examination the patient has left quadriceps atrophy. Anterior drawer test is negative Lachman test is negative. McMurray test is negative. There is no instability on stress. Neurologic examination is normal in the lower extremities. Patient is diagnosed with patellofemoral arthritis and patellar instability. At issue is whether additional imaging studies I medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray studies, AP and lateral, of the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS knee pain chapter

**Decision rationale:** This patient does not meet established criteria for x-rays or MRI of the left knee. The patient has had a previous MRI of the left knee. The medical records do not document any significant change in symptoms since the previous MRI. The patient also had arthroscopic surgery with the inside of the knee was thoroughly examined. The medical records indicate that the patient reported improvement with physical therapy and medications. Physical examination does not document any instability, locking, or red flag findings that would necessitate imaging studies. There is no medical necessity for x-rays or additional MRI imaging of the knee based on my review of the available medical records. The patient's condition has been stable and thoroughly evaluated with imaging studies since the date of injury.

**Left knee 3T MRI (Magnetic Resonance Imaging) study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS knee pain chapter

**Decision rationale:** This patient does not meet established criteria for x-rays or 3T MRI of the left knee. The patient has had a previous MRI of the left knee. The medical records do not document any significant change in symptoms since the previous MRI. The patient also had arthroscopic surgery with the inside of the knee was thoroughly examined. The medical records indicate that the patient reported improvement with physical therapy and medications. Physical examination does not document any instability, locking, or red flag findings that would necessitate imaging studies. There is no medical necessity for x-rays or additional MRI imaging of the knee based on my review of the available medical records. The patient's condition has been stable and thoroughly evaluated with imaging studies since the date of injury. Therefore this request is not medically necessary.