

<b>Case Number:</b>	CM14-0159229		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 39 year old male with date of injury 6/11/13. The treating physician report dated 9/3/14 indicates that the patient presents with persistent pain affecting the left knee that is constant and rated a 9/10. The pain is worse with walking, he is unable to kneel, he is not currently taking any medications and he is working with no restrictions. The physical examination findings reveal flexion to 130 and extension to 0, quadriceps strength is 4/5, there is tenderness over the medial and lateral region as well as in the sub-patellar region. McMurray's test is positive as well as positive valgus and varus stress tests. Left knee MRI report dated 9/11/13 reveals a partial tear involving the distal portion of the patellar tendon in the midline with associated fluid within the adjacent infrapatellar bursa. The current diagnoses are: Left knee strain and Left knee patellar tendon partial tear. The utilization review report dated 9/19/14 denied the request for MRI of the left knee based on the rationale that the patient had previously had a left knee MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left knee joint w/o dye:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg chapter, MRI

**Decision rationale:** The patient presents with chronic left knee pain rated a 9/10. The current request is for MRI of the left knee joint w/o dye. In reviewing the treating physician reports provided there is documentation that the patient had relief of pain from an 8 to 4/10 with Tramadol usage. Cortisone injection performed on 5/1/14 offered only partial temporary relief. The treating physician report dated 8/6/14 indicated that the patient was not improving with conservative treatments and he felt that a new MRI was needed to evaluate the underlying cause of the continued complaints. The 9/3/14 report states that the patient is starting physical therapy on 9/11/14 and there was no prior history found regarding previous physical therapy. The MTUS guidelines do not address repeat MRI scans. The ODG guidelines state in the knee chapter that MRI scans are recommended for soft tissue injuries. In regard to repeat MRIs ODG states, "Repeat MRIs are recommended if need to assess knee cartilage repair tissue. Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue." In this case the treating physician has documented continued pain that has not improved with cortisone injections. Currently the patient has not completed conservative treatments as physical therapy treatment has been authorized. There is no documentation that the patient has exhausted conservative treatments, no surgery has been performed and there is no documentation of any significant change in symptoms to suggest significant pathology. Therefore, this request is not medically necessary.