

<b>Case Number:</b>	CM14-0027677		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Orthopedic Surgery 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 claimant, a female who is noted to be 54 or 55 years old, was injured on October 1, 2010, when the lift gate of a truck loosened and struck her in the knees. The report of an MRI dated April 2011 identified degenerative changes in the lateral compartment of the right knee with degenerative maceration in the posterior horn and body of the lateral meniscus. Also noted were early degenerative changes in the medial compartment without a meniscus tear. The notes from a January 14, 2014, office visit document physical examination findings of a mildly antalgic gait on the right, marked tenderness on the lateral joint line, slight varus deformity and mild effusion with no gross instability. Plain film radiographs showed mild narrowing of the lateral compartment on weight-bearing and some lateral spurring. At that visit, the claimant received a cortisone injection. On the follow-up visit on February 11, 2014, the records note that the steroid injection helped to decrease but not eliminate the pain. The patient also reported episodes of her knee giving way. Physical examination findings from that visit were not available for review. A March 11, 2014, office note states that the claimant was authorized for knee surgery and was under medical work up for a separate, non-work-related medical issue. This request is for a right knee MRI scan without contrast.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp; 2013 Updates; Knee and Leg chapter - MRI's.

**Decision rationale:** Based on California MTUS ACOEM and Official Disability Guidelines, the request for an MRI of the right knee would not be supported. California ACOEM and Official Disability Guidelines suggest that diagnostic testing in the form of MRI should only be considered if there has been failed exhaustive conservative treatment which does not yield any meaningful or functional results. ODG Guidelines recommend a repeat MRI if there is a need to assess the knee cartilage in an effort to address tissue repair. In this case, the records state that the claimant already has been approved for surgery and do not provide a rationale for why the additional MRI scan would be required. Therefore, this request for an MRI of the right knee would not be established as medically necessary.