

<b>Case Number:</b>	CM14-0028506		
<b>Date Assigned:</b>	06/18/2014	<b>Date of Injury:</b>	02/15/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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:

Patient is a 59 year-old male with date of injury 02/15/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/09/2014, lists subjective complaints as mild to moderate pain in the right knee. Objective findings: Examination of the right knee revealed mild effusion of the knee joint. There was no tenderness or decrease of sensation noted. Negative anterior and posterior drawer tests, negative Lachman, and negative McMurray's test at the medial joint line. Examination of the lower extremities revealed normal inspection and palpation, no decreased range of motion, normal muscle strength and stability. Diagnosis: 1. Effusion, right knee 2. Pain, right knee. Patient underwent an MRI on 05/13/2013 which was notable for a large medial meniscus tear, osteoarthritis, and a tiny lateral meniscal tear. According to the previous utilization reviewer who spoke to the requesting physician of the MRI, the patient had done well postoperatively and the MRI was been ordered simply to reassure the patient that it was safe for him to return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (MRI) INJECTION OF LOWER EXTREMITY WITHOUT DYE:** 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 & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

**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 (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state the following in regard to repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)The patient is relatively asymptomatic and requested that the doctor order an MRI for reassurance that it was safe to return to work. An MRI of the lower extremity is not medically necessary.