

<b>Case Number:</b>	CM14-0036478		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 25, 2013. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and work restrictions. It is unclear if the applicant is in fact working with limitations in place. In a Utilization Review Report dated February 25, 2014, the claims administrator denied a request MRI imaging of the bilateral knees, despite the applicant's allegations of her left knee giving way. The attending provider stated that the presentation was not suggestive of a meniscal tear and/or ligament tear for which MRI imaging was indicated. The claims administrator did not incorporate cited guidelines into its rationale, but did apparently go on to allude to both the ACOEM and ODG. In a handwritten note dated February 12, 2014, the applicant reported persistent bilateral knee pain, 9/10. The applicant stated that her left knee was giving way often. Tenderness about the knee was noted. The applicant was given a rather proscriptive 15-pound lifting limitation. It was stated that the applicant had failed conservative treatment and that, therefore, MRI imaging was indicated. In a June 24, 2014 progress note, the applicant again presented with bilateral knee pain, left greater than right. The applicant could not do home exercises owing to heightened pain complaints, it was stated. The applicant exhibited an antalgic gait and had diffuse tenderness about the bilateral knees. It was stated that the applicant could not make use a gym membership owing to her knee complaints and could only perform work at a sedentary physical demand level. Motrin and LidoPro were refilled. In a permanent and stationary report dated May 1, 2014, the applicant reported constant 4-8/10 bilateral knee pain. It was stated that MRI imaging of the left knee of February 17, 2014 demonstrated moderate-to-severe patellar subluxation, chondromalacia, and meniscal degeneration, while right knee MRI imaging of the same date demonstrated median

meniscal degeneration, moderately severe subluxation, and trochlear dysplasia. Permanent work restrictions are endorsed. The applicant had laxity about the bilateral knees on exam, it was stated, and did exhibit an antalgic gait. Permanent work restrictions were endorsed. The remainder of the file was surveyed. There is no evidence that the applicant had had knee MRI imaging prior to February 17, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Magnetic Resonance Imaging (MRI) to both knees between 2/12/2014 and 2/17/2014: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): , Table 13-2, Pages 335-336.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, Table 13-2, pages 335-336, MRI imaging of the knees can be endorsed to confirm various possible pathologies, including meniscal tear/meniscal derangement, collateral ligament tear, anterior cruciate ligament tear, posterior cruciate ligament tear, and/or patellar tendinitis/patellar tendinopathy. MRI imaging, per ACOEM, however, should generally be used for cases in which surgery is being considered, however. In this case, however, the applicant had exhausted several months of conservative treatment in the form of time, medications, and 20 sessions of physical therapy. The applicant had failed to return to work. The applicant's knee MRIs of February 17, 2014 eventually did establish a diagnosis of moderately severe lateral subluxation about the left and right knees with evidence of chondromalacia. It did appear that the attending provider was requesting the MRIs in question as a precursor to possible surgical intervention. Therefore, the requests were medically necessary.