

<b>Case Number:</b>	CM14-0055571		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 59-year-old female with date of injury of 03/19/2012. The listed diagnoses per Marilyn Mathre, PT dated 03/19/2013 are: 1. Cervicalgia. 2. Bilateral shoulder strain. 3. Low back pain. 4. Right knee pain. According to the progress report by [REDACTED] dated 03/19/2013, the patient reports that her condition is better. He states that therapy has been helping her decrease her overall pain. The patient complains of knee pain that is moderately severe. The patient does not report any numbness or tingling to the knee. There is no weakness or edema or discoloration. She does have some pain with motion. She states there is no restriction to knee motion and denies any locking or clicking on the effected knee. The physical exam shows the left knee is not tender on the left medial joint. There is no joint effusion. The popliteal fossa is nontender. Examination of the left lower extremities was normal. Abduction/adduction stress testing is negative for integrity of the collateral ligament. Cruciate function of the left knee is intact with negative anterior and posterior drawer's sign. There is negative apprehension test for patellar dislocation/subluxation. The right knee is nontender on the right medial joint line. The right knee is tender on the right lateral joint line, less on the lateral aspect. The right patella does not have subluxation. The right patella is not tender. There is no joint effusion present in the knee. There is tenderness on right popliteal fossa. There is a positive patellofemoral grind test for retropatellar pathology. Range of motion of the right knee is normal. The utilization review denied the request on 03/27/2014.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Knee section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with chronic bilateral knee pain. The treater is requesting an MRI of the left knee. The ACOEM Guidelines page 341 to 342 on MRIs of the knee state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In addition, most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by an MRI. The only report provided for review dated 03/19/2013 does not show any red flag signs or recent trauma to the left knee that would require imaging studies. The left knee is not tender. There are no joint effusions and popliteal fossa is non-tender. The records show that the patient had an MRI of the left knee on 07/30/2013. However, this report was not made available for review. In this case, it is unclear from the documents provided if the patient had new trauma or injury following the last MRI. Given the lack of provided information about the patient's left knee, an updated MRI is not medically necessary.