

<b>Case Number:</b>	CM14-0073224		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/20/1974
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 and is licensed to practice in Texas. 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 injured worker is a 74 year old female whose date of injury is 06/20/1974. She reportedly sustained injuries to the cervical spine and bilateral knees when a crane basket hit the stand she was standing on. The records indicate that she underwent two surgical interventions on the right knee. She also underwent physical therapy and was prescribed medications. Per report dated 03/26/14 the injured worker has been treated intermittently with a chiropractor for the past 8-9 years with last visit approximately one month ago. She continues with neck pain exacerbated by any and all activity. She also experiences constant pain over the anteromedial aspect of both knees right greater than left, with pain exacerbated by squatting/kneeling activities and states she has episodes of buckling of the right knee. Physical examination of the bilateral knees noted no obvious intra-articular effusion, soft tissue swelling, ecchymosis or muscle wasting when comparing both knees. There is no varus or valgus instability present on either side. There was pain elicited to palpation over the medial joint line of the right knee, no pain to palpation over the left knee joint. Patellar grind test was positive on the left, with patellar crepitus present on the left. Range of motion was 0-140 degrees bilaterally. There was no ligamentous instability. McMurray's and Apley's were negative. Sensation, motor strength and deep tendon reflexes were normal throughout the lower extremities. X-rays of the bilateral knees revealed 4mm of joint space interval remaining both medially and laterally. The right patella has been surgically excised. Authorization was requested for MRI of the bilateral knees to exclude the possibility of meniscal tears.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI joint of lower extremity w/o 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, Knee and Leg Chapter.

**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) Knee, MRI's (magnetic resonance imaging).

**Decision rationale:** The injured worker is noted to be status post right knee surgery x 2 with right knee patellectomy; however, no operative reports were submitted for review indicating any surgery for meniscal tears and no intraoperative findings were provided indicating meniscal pathology. Most recent physical examination reported negative McMurray's and negative Apley's. Based on the clinical information provided, there is no indication of positive meniscal findings that would support the need for MRI scan of the bilateral knees. As such, the request for MRI joint of lower extremity w/o dye is not recommended as medically necessary.