

<b>Case Number:</b>	CM14-0073620		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/22/2005
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/08/2014
<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 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 injured worker is a 59 year old female who sustained injuries on November 22, 2005. She was seen by the treating physician on November 27, 2013 with complaints of constant moderate right wrist pain with intensity of 6/10 and constant moderate right knee pain with intensity of 5/10. On examination of the wrists, range of motion was full and there was no significant problem or instability noted. There was no objective finding for the right knee. The injured worker returned on March 5, 2014 and complained of intermittent mild pain in her right wrist with intensity of 4/10 as well as constant moderate pain in her right knee with intensity of 5/10. There was no additional objective finding. Subsequently, on April 30, 2014, the injured worker's complaints and orthopedic exam remained unchanged. The injured worker was reevaluated on May 21, 2014 with complaints of pain in her right wrist and right knee. A review of systems revealed positive musculoskeletal joint pain of the right knee. Physical examination findings were the same. The magnetic resonance imaging scan of the right knee done on June 10, 2014 revealed advanced osteoarthritic changes of the knee that was most prominent in the patellofemoral joint and small volume joint accumulation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 329-337.

**Decision rationale:** The submitted progress reports did not show that appropriate interventions have been exhausted. Furthermore, medical records provided from November 2013 to May 21, 2014 did not demonstrate any abnormal objective finding in the right knee to warrant extensive information through imaging study. Since the injured worker's symptoms remained constant with no evidence of alarming serious pathology, the requested magnetic resonance imaging scan of the right knee is therefore not medically necessary. The American College of Occupational and Environmental Medicine Guidelines specifically dictate that special studies are not needed to evaluate most knee disorders until after a period of conservative care and observation. Magnetic resonance imaging (MRI) of right knee is not medically necessary.

**Referral to hand specialist for right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209-211.

**Decision rationale:** The injured worker did not satisfy any of the criteria for referral. The American College of Occupational and Environmental Medicine Guidelines specifies that referral for surgical consultation may be indicated for injured workers who have red-flag conditions, activity limitations for more than four months, plus existence of a surgical lesions, failure to increase range of motion and strength of the musculature around the shoulder even after exercises programs, plus existence of a surgical lesion, or clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The injured worker has normal and essentially unchanged findings in the right wrist from November 2013 to May 21, 2014. Moreover, there was no indication that conservative measures had been exhausted and had been unsuccessful. In addition, diagnostic findings to demonstrate a definable cause of the injured worker's problem were not evident. With all these in consideration, the request for referral to hand specialist for right wrist is therefore not medically necessary.