

<b>Case Number:</b>	CM14-0077298		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/29/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 50-year-old female with a reported date of injury on 10/29/2011. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include right knee sprain, status post right knee arthroscopy, and partial medial and lateral meniscectomy. Her previous treatments were noted to include physical therapy, surgery, medications, and Euflexxa injection. The progress note dated 05/06/2014 revealed the injured worker complained of pain to her right knee. The provider indicated he was concerned that she was still having pain after her surgery, and would request another MRI of her knee. The physical examination of the right knee revealed pain with palpation over the distal patellar joint line with no swelling. The Request for Authorization form dated 05/05/2014 was for an MRI to the right knee for knee pain and a Lynx Power Wheelchair Scooter, however the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee MRI without Contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** The request for a Right Knee MRI without Contrast is not medically necessary. The injured worker has had a previous MRI to the right knee. However, the date was not provided, nor the results. The CA MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints after a period of conservative care and observation. The guidelines' criteria for ordering knee radiographs following trauma is joint effusion within 24 hours of direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk (4 steps) or bear weight immediately or within a week of trauma, and inability to flex the knee to 90 degrees. The guidelines state an MRI can be used to identify a meniscus tear, a ligament strain, a ligament tear, patellofemoral syndrome, tendinitis, and prepatellar bursitis. There is a lack of documentation regarding significant neurological deficits, as well as a previous MRI was performed with unknown results on an unknown date. There is a lack of documentation with red flags or significant clinical findings to warrant a repeat MRI. Therefore, the request is not medically necessary.

**Lynx Power Wheelchair Scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Power Mobility Devices.

**Decision rationale:** The request for a Lynx Power Wheelchair Scooter is not medically necessary. The injured worker ambulates with an antalgic gait and is utilizing a knee brace. The Official Disability Guidelines do not recommend a power mobility device if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, of the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recover process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The injured worker is able to ambulate and had requested crutches to ambulate further. There is a lack of documentation regarding the injured worker being immobile to warrant a wheelchair. Additionally, the guidelines do not recommend power mobility devices. Therefore, the request is not medically necessary.