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| <b>Case Number:</b>   | CM14-0085866 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 05/28/2013 |
| <b>Decision Date:</b> | 09/18/2014   | <b>UR Denial Date:</b>       | 06/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2014 |

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 was a 52-year-old female worker who reported injury on 04/01/2010 due to defensive tactics training and motorcycling on duty. The injured worker had diagnoses which included patellofemoral articular damage and meniscus tear of the left knee, along with tricompartmental chondromalacia in the medial and patellofemoral joint space. Past treatments included physical therapy, Synvisc injection to the left knee on 04/16/2014 and Neoprene sleeves bilaterally for the knees. Diagnostics have included an MRI of the left knee on 06/07/10 reporting lateral meniscal tear and mild patellofemoral articular damage and x-rays for bilateral knees on 10/16/2013 reporting moderate to severe tricompartmental chondromalacia in the medial and patellofemoral joint space. The injured worker complained of right hip, left knee, and right knee pain. The physical examination from 04/23/2014 indicated range of motion 0 to 130 degrees, positive patellofemoral crepitation, positive grind test, tenderness to the medial and lateral joint line, positive McMurray's and Apley's compression test to left knee. The physical examination from 05/28/2014 indicated range of motion 0 to 130 degrees, positive patellofemoral crepitation, positive grind test, tenderness to the medial and lateral joint line, positive McMurray's and Apley's compression test to left knee. There was not a change in the injured worker's condition from the 04/23/2014 exam to the 05/28/2014 exam. Medications included anti-inflammatories. The treatment plan included an MRI study of the bilateral knees, and to continue with ice, anti-inflammatories and self-directed stretching and strengthening exercises. The rationale was to update imaging studies and to rule out any internal pathology. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the bilateral knees without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee And Leg (Acute).

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

**Decision rationale:** Based on the California MTUS/ACOEM Guidelines, most knee problems improve quickly once any red-flag issues are ruled out and reliance only on imaging studies may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began. However, MRI can be valuable in the diagnosis of internal derangement for patients with clear physical examination findings suggestive of specific pathology. Based on the reported documentation, the patient had bilateral knee MRIs completed in 2010, which reported patellofemoral articular damage and meniscus tear of the left knee, along with moderate to severe tricompartmental chondromalacia with medial compartment joint space narrowing bilaterally, as well as moderate to severe patellofemoral compartment joint space narrowing. There is no evidence indicating that the patient had any recent trauma or surgery to warrant repeat imaging. As the injured worker's clinical presentation correlates with her previous imaging studies, additional information is needed to support the need for repeat testing and to indicate how additional imaging would change the current treatment plan. As such, the request for an MRI of the bilateral knees without contrast was not medically necessary.