

<b>Case Number:</b>	CM14-0089401		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Orthopedic Surgery 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 69 year old male who sustained injuries to his bilateral knees on 10/14/11 when he stepped hard while running to catch a cart and felt pain shoot into his right knee. The clinical note dated 05/20/14 reported that the injured worker did not recall when he developed left knee pain. He has not undergone any treatment or diagnostic studies of the left knee. The injured worker stated that the pain in the bilateral knees comes and goes. He has pain when kneeling, squatting, and standing. He has occasional weakness in the knees. The knees do not pop or give way, but do lock periodically. The injured worker continues to work modified duty. Physical examination noted no effusion bilaterally, right range of motion 0-105 degrees, left 0-120 degrees with pain, no hyperflexion bilaterally, muscle strength 4+/5 throughout bilaterally. Bilateral x-rays of the knees were obtained and reviewed. They show joint spaces to be maintained; no significant joint space collapse; some mild patellofemoral spurring; calcifications from previous Osgood Schlatter's disease at the right knee and on the tibial tubercle with calcifications in the patellar tendon and quadriceps. Patellae are well seated. The injured worker was recommended for MRI of the bilateral knees. Further plan of action depends on what MRIs would reveal. It was noted that the injured worker has not had any conservative treatment in physical therapy or injections in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI)- right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The request for MRI of the right knee is not medically necessary. The previous request was denied on the basis that there was no physical examination evidence of ligament instability or internal derangement after failed physical therapy. The records indicate that the injured worker has not had any physical therapy to date, as well as injections. It was noted that the treating physician would like to rule out occult meniscal tears; however, there is insufficient documentation of significant knee pathology, such as positive McMurray's test. Furthermore, the provider noted that the injured worker has yet to be treated with any conservative treatment, such as physical therapy or injections. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the right knee is not medically necessary.

**Magnetic Resonance Imaging (MRI) - left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The request for MRI of the left knee is not medically necessary. The previous request was denied on the basis that there was no physical examination evidence of ligament instability or internal derangement after failed physical therapy. The records indicate that the injured worker has not had any physical therapy to date, as well as injections. It was noted that the treating physician would like to rule out occult meniscal tears; however, there is insufficient documentation of significant knee pathology, such as positive McMurray's test. Furthermore, the provider noted that the injured worker has yet to be treated with any conservative treatment, such as physical therapy or injections. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the left knee is not medically necessary.