

<b>Case Number:</b>	CM14-0095471		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Occupational Medicine and is licensed to practice in Montana. 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 dishwasher with a date of injury of 1/1/04 when she twisted her right knee walking downstairs. Since that injury she has had arthroscopic debridement on the right knee twice and once on the left knee. She has continued to have bilateral knee pain, increasing over time prior to her most recent clinical evaluation on 5/27/14. The current diagnosis is status post debridement of both knees and degenerative arthritis of both knees. Treatment in the past has included physical therapy, injections and medications. There are no recent MRIs noted in the records provided. The primary treating physician has requested MRI of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Magnetic Resonance Imaging (MRI) of the Left Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment For Workers' Comp, Indications For Imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and 350. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Index, Knee and Leg, MRIs

**Decision rationale:** The MTUS, in the ACOEM Clinical Practice Guidelines, note that reliance on imaging studies to evaluate the source of knee symptoms may carry significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The algorithm for patients with occupational knee complaints greater than 4 weeks, on page 350, notes that MRI would be indicated for objective evidence of ligament injury on physical examination or with locking or catching of the knee. The ODG guidelines recommend MRI of the knees as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. A systematic review of prospective cohort studies comparing MRI and clinical examination to arthroscopy to diagnose meniscus tears concluded that MRI is useful, but should be reserved for situations in which further information is required for a diagnosis, and indications for arthroscopy should be therapeutic, not diagnostic in nature. Indications for imaging -- MRI (magnetic resonance imaging):- Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption.- Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected.- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.- Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening).- Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. In this case the most recent clinical examination shows full range of motion of the bilateral knees with some tenderness to palpation in the medial joint line bilaterally. There is no documentation of instability, locking of the knee or findings for meniscal injury. X-rays have shown clear evidence for osteoarthritis with medial spurring of the right knee and mild narrowing of the medial and lateral left knee. Without findings of a significant possible internal derangement the request for MRI of the left knee is not consistent with the MTUS and ODG guidelines and is not medically necessary.