

<b>Case Number:</b>	CM13-0022656		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	04/07/2000
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Internal Medicine 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 51-year-old male who reported an injury on 04/17/2000. The mechanism of injury was a fall. His diagnoses include derangement of the knee and a fracture of the trimalleolar. Past treatments were noted to include surgery, medications, physical therapy, modified work duties and braces. No pertinent diagnostic reports were submitted for review. However, documentation dated 12/18/2014 indicated the injured worker underwent a recent MRI scan of the lumbar spine and left knee, and it was noted to be normal. His surgical history included left ankle arthroscopic surgery with extensive debridement and synovectomy, performed on 11/25/2013. The progress note dated 12/18/2014 indicated the patient complained of continued lower back and left knee pain. Physical examination revealed local tenderness over the medial aspect of the left knee, especially under the medial subpatella facet and along the medial epicondyle. Tenderness over the L5-S1 with limited lumbar flexibility was also noted. Current medications were noted to include Anaprox 550 mg every 12 hours, Norco 10/325 mg every 6 hours, Ultram ER 100 mg twice a day, Prilosec 20 mg every 12 hours, and a transdermal pain patch. The treatment plan included return to modified work duties with restrictions that included: no squatting, kneeling, climbing, prolonged standing, or prolonged walking. The request was for MRI of the left knee and MRI of the lumbar spine. However, the rationale and the Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI - Left Knee:** Upheld

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

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

**Decision rationale:** The California ACOEM Guidelines state imaging studies are not recommended unless a period of conservative care and observation fails to improve symptoms, as most patients improve quickly once red flags conditions are ruled out. The clinical documentation dated 12/18/2014 indicated the injured worker had undergone an MRI of the left knee, and it was reportedly normal. However, the actual diagnostic imaging report was not submitted for review. There is a lack of sufficient clinical documentation to evidence significant pathology of the knee or exceptional factors to establish the medical necessity for the request. As such, the request for MRI - left knee is not medically necessary.

**MRI - Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

**Decision rationale:** The Official Disability Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted failed to provide evidence of neurological or functional deficits, or exceptional factors to warrant the medical necessity of the request. There was also a lack of documentation to evidence recent trial and failure of conservative treatments. Documentation provided did not provide sufficient evidence of significant pathology in the lumbar spine to warrant the request. As such, the request for MRI - lumbar spine is not medically necessary.