

<b>Case Number:</b>	CM14-0175009		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	04/26/1998
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Orthopedic Surgery 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 72 year old male claimant with an industrial injury dated 04/26/98. Exam note 04/27/14 states that the patient returns with right knee pain. The patient rates the pain an 8/10. Upon physical exam there were no signs of infection. There was evidence of effusion with a range of motion of 5' to 125'. The patient did have evidence of crepitus. X-rays reveal advanced tri-compartmental arthritis. Diagnosis is noted as right knee secondary to advanced osteoarthritis. Treatment includes a current MRI along with a right total knee arthroplasty, and physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee zimmer psi:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-345.

**Decision rationale:** According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, pages 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The exam note from 4/27/14 does not demonstrate

that the medical necessity of a pre-operative MRI for a total knee arthroplasty. The request for knee MRI is therefore not medically necessary and appropriate.