

<b>Case Number:</b>	CM14-0189673		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49-year-old female what date of injury of 09/12/2014. The listed diagnoses from 10/02/2014 are: Bilateral shoulder impingement; bilateral carpal tunnel syndrome; right knee patellofemoral pain; left knee concern for lateral ministers tear; bilateral hip greater trochanteric bursitis; cervical spine anterior osteophytes at C-5 - C6; lumbar spine decreased disk space at L5 - S1 with radiculopathy to the bilateral lower extremities; and thoracic spine sprain/strain. According to this report, the patient complains of constant left knee pain at a rate of 8/10. Her symptoms include numbness and tingling that radiates down to the foot and up to the thigh with cracking and catching. She has difficulty bending at the knee and getting in and out of her tub. Her activities are very limited. Examination of the left knee shows no scars or atrophy; 1+ effusion; positive McMurray's sign on the left joint line; strength is 4/5. The treating physician references an x-ray of the bilateral knees that showed no significant arthritis changes, no evidence of loose fragment and loose bodies. The documents include progress reports from 09/12/2014 to 10/02/2014. The utilization review denied the request on 10/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter on MRIs

**Decision rationale:** This patient presents with left knee pain. The treating physician is requesting an MRI of the left knee. The ACOEM guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, Official Disability Guidelines (ODG) states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. For "Repeat MRIs post-surgical, if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended." The records do not show any previous MRI of the left knee. The 09/22/2014 report notes that the patient's left knee swelling is down slightly. Knee flexion continues to be no greater than 90 with tenderness medially. The treating physician is requesting an MRI of the left knee to consider meniscal tear. The 10/02/2014 report does show significant symptoms in the left knee and the request for an MRI is reasonable to rule out other pathology. Therefore, this request is medically necessary.