

<b>Case Number:</b>	CM14-0192239		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/02/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Minnesota. 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 56-year-old male with a date of injury of 3/2/2012. Per progress note of 10/16/2014 he was complaining of pain in the left knee. His height was 5 feet 8 inches and weight 210 pounds. The diagnosis was degenerative joint disease, left knee with a possible loose body. Review of the old x-rays revealed that the degenerative changes were worse on March 1, 2013 compared to the previous films of March 3, 2012. Repeat x-rays and an MRI of the left knee was requested. The reason for the MRI was to rule out a loose body in the joint. Utilization review approved the x-rays of the left knee but noncertified the MRI scan. ODG and MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI scan of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 9th Edition (web) 2011

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 336, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: MRIs (Magnetic Resonance Imaging)

**Decision rationale:** California MTUS guidelines indicate the MRI scan is useful for confirming meniscal tears when surgery is contemplated. It can also confirm ligament tears of the collateral ligaments and cruciate ligaments. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion such as false positive test results because of the possibility of identifying a problem that was present before the symptoms began and has no relationship to the current symptoms. ODG indications for imaging of the knee, particularly the MRI scan, include acute trauma, non-traumatic knee pain with patellofemoral symptoms, if the initial anteroposterior and lateral radiographs are non-diagnostic or demonstrate evidence of internal derangement. The MRI scan is not indicated for diagnosing osteoarthritis. X-rays are usually sufficient to make that diagnosis, particularly weight bearing films. With regard to the diagnosis of loose bodies, x-rays are sufficient if the loose body is radiopaque such as an osteochondral fracture or bone fragment. Based upon the history of osteoarthritis, and the progression of the degenerative changes on the x-rays, the request for MRI scan of the left knee was not supported by guidelines and as such was not medically necessary.