

<b>Case Number:</b>	CM14-0194402		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 & 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 57 year old male with an injury date of 01/10/13. Based on the 08/14/14 progress report, the patient complains of pain and discomfort in the left knee. There is continued symptomatology involving posterior hamstring tendons anteromedial incisional site. The 09/25/14 report indicates that the patient has stiffness, limited motion, and pain in his left knee. He also has pain in his right knee, low back, and both shoulders. In addition, the patient has sexual dysfunction, psychiatric depression, and sleep disorder. He has a limited abduction and flexion slightly beyond the horizontal bilateral shoulders and mildly positive impingement signs both shoulders. The patient has slight pain and discomfort with stiffness and swelling of the right knee. His low back pain radiates to his hips and legs. The 10/16/14 report states that the patient continues to have pain, discomfort, and limited range of motion in both of his shoulders, low back, right knee, and left knee. There is a probably impingement sign with limited abduction and flexion for both shoulders. He has moderate lumbar spasm. There is tenderness at the medial joint of the right knee and on the left heel at the plantar fascia origin. The patient's diagnoses include the following: Plantar fasciitis, left heel, Impingement syndrome, bilateral shoulders Degenerative joint disease, right knee, Degenerative disc disease, lumbar spine, Status post total knee replacement (no date provided), Rule out plantar fascia rupture and Possible degenerative meniscus, right knee. The utilization review determination being challenged is dated 10/28/14. Treatment reports were provided from 01/22/14- 10/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of joint of lower extremity (right knee) without dye: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341 and 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter, MRI's magnetic resonance imaging

**Decision rationale:** According to the 10/16/14 report, the patient presents with pain, discomfort, and limited range of motion in both of his shoulders, low back, right knee, and left knee. Review of the reports provided do not show any prior MRIs of the right knee the patient may have had. The ACOEM guidelines pages 341-342 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, 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 patient began complaining of his right knee pain on 09/25/14. The records do not show any previous MRI of the right knee. ACOEM guidelines state that "special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation." Given the injury form 2013, it would appear that the patient has failed conservative care. An MRI would be indicated to r/o internal derangement. The request is medically necessary.