

<b>Case Number:</b>	CM14-0196742		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/20/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in ENTER STATE. 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 55 years old female patient who sustained an injury on 7/20/2013. She sustained the injury when her foot became trapped under a reclining chair. The current diagnoses include right knee internal derangement and status post right knee arthroscopic surgeries. Per the doctor's note dated 10/06/14, she had complaints of headaches and right knee pain, throbbing in character, rated 7/10 while resting and 9/10 with activities. The pain radiated to the left eye, jaw, neck, upper back, right forearm, shoulders, wrists, hands, leg, foot and low back and associated with weakness, numbness, locking, grinding and swelling. The physical examination revealed the right knee- tenderness over the medial and lateral joint lines, manual muscle testing 4/5 strength with flexion and extension, and range of motion (ROM) was restricted due to pain. The medications list includes Amitriptyline and Metoprolol. She has had an MRI of the right knee dated 6/27/14 which revealed peripheral extrusion of the medial meniscus consistent with a tear, some increased signal in the anterior horn of the lateral meniscus which extended to the inferior articular surface consistent with a tear, some increased signal in the posterior horn of the lateral meniscus which extended to the inferior articular surface consistent with a tear, anterior cruciate ligament was not definitively identified suggesting a complete tear and knee joint effusion; MRI cervical spine dated 6/27/14 which revealed multilevel disc desiccation and degenerative changes, MRI lumbar spine dated 6/27/14 which revealed multilevel disc herniation, MRI left wrist dated 6/27/14 which revealed complete tear of the triangular fibro cartilage complex, subluxation of the distal radioulnar joint space with joint effusion and positive ulnar variance, MRI right wrist dated 6/27/14 which revealed complete tear of the triangular fibro cartilage complex, increase in T2W signal in the median nerve may represent carpal tunnel syndrome and bone cysts in the distal radius; EMG/NCS of upper extremity dated 7/30/14 which revealed bilateral moderate carpal tunnel syndrome. She had undergone a diagnostic arthroscopy,

partialmedial meniscectomy, debridement of chondromalacia of the trochlear groove withabrasion chondroplasty and micro fracture on 2/28/14; right knee arthroscopy in 2011, nose surgery in 2008 and abdominal hernia repair surgery in 2011. She has had physical therapy visits, acupuncture visits and injections for this injury. She has had extracorporeal shockwave therapy for the right wrist/hand. She has had urine drug screen on8/1/14, 8/29/14, 9/26/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Knee & Leg(updated 10/27/14), MRI's (magnetic resonance imaging)

**Decision rationale:** Per the cited guidelines "- Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended (Weissman, 2011). " She has already had an MRI of the right knee dated 6/27/14 which revealed peripheral extrusion of the medial meniscus consistent with a tear, some increased signal in the anterior horn of the lateral meniscus which extended to the inferior articular surface consistent with a tear, some increased signal in the posterior horn of the lateral meniscus which extended to the inferior articular surface consistent with a tear, anterior cruciate ligament was not definitively identified suggesting a complete tear and knee joint effusionShe is status post a diagnostic arthroscopy, partial medial meniscectomy, debridement of chondromalacia of the trochlear groove with abrasion chondroplasty and micro fracture on 2/28/14. The patient is not in the immediate post-operative period. It was a meniscectomy surgery, not meniscal cartilage repair. Evidence of a recent injury or red flag is also not specified in the records provided. The response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of the MRI right knee is not fully established for this patient. As such the request is not medically necessary.

**X-rays right knee x 3 views:** Overturned

**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: Table 13-5.

**Decision rationale:** Per the cited guidelines "The clinical parameters for ordering knee radiographs following trauma in this population are: joint effusion within 24 hours of direct blow

or fall, palpable tenderness over fibular head or patella, inability to walk (four steps) or bear weight immediately or within a week of the trauma, Inability to flex knee to 90 degrees." Per the records provided, the patient had right knee pain at 7/10 while resting and 9/10 with activities. The physical examination revealed the right knee- tenderness over the medial and lateral joint lines, manual muscle testing 4/5 strength with flexion and extension, and range of motion (ROM) restricted due to pain. It is medically appropriate and necessary to perform basic imaging studies. X-rays are needed to further evaluate her current symptoms of significant knee pain. The request for X-rays on the right knee x 3 views is medically appropriate and necessary for this patient at this time.