

<b>Case Number:</b>	CM14-0200594		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	10/06/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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:

Claimant with reported industrial injury of 1/1/5/13. Examination 5/7/14 demonstrates no tenderness with full range of motion of the cervical spine. Lumbar spine examination demonstrates diffuse tenderness, full range of motion, negative straight leg raise testing. Knee examination demonstrates trace tenderness with full range of motion. MRI left knee on 10/20/14 demonstrates normal findings. Operative report 5/15/14 demonstrates prior left knee arthroscopy with plica excision, partial medial and lateral meniscectomy and chondroplasty of patella. Exam note 10/23/14 demonstrates back and left knee pain. Decreased range of motion is noted with 5 to 125 degree in the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Signature Protocol left knee without contrast for templating purposes to create a custom made knee replacement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website <http://www.jointimplantsurgeons.com>

**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 clinical information submitted for review indicates the physician requested the MRI prior to total knee replacement. There are no exceptional factors in the exam note of 1023/14 to warrant non-adherence to the ACOEM recommendations. The request for preoperative knee MRI is therefore not medically necessary and appropriate.