

<b>Case Number:</b>	CM14-0202690		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	01/25/2005
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 41 year old female teachers assistant with a date of injury of 01/25/2005. She fell when a child crashed into her riding a bicycle and she has back pain and bilateral knee pain. She had another right knee injury when she fell in a hole in a parking lot (09/22/2006). She had right knee surgery on 08/30/2005 and on 02/28/2008 (chondroplasty for chondromalacia and a partial meniscectomy). She had a MRI of the lumbar spine and a right knee MR arthrogram in the past. On 05/08/2012 she was working. On 07/03/2012 she was 5 tall and weighed 252 pounds. On 02/11/2014 she had a normal gait. She could toe walk and heel walk with no difficulty. She had bilateral knee pain and back pain. The lumbar range of motion was decreased and the bilateral knee range of motion was within 5 degrees of normal. Lachman and anterior drawer tests were negative. The knees were stable. Patella was normal. She was working. On 06/10/2014 she had back pain and bilateral knee pain. Range of motion was within 5 degrees of normal. Patella mobility was normal. Compression test was negative. There was no crepitus. The knees were stable. Lachman was normal. Anterior drawer test was normal. The patella tracked normally. There was decreased lumbar range of motion. The patient was functional and was working. She had a lumbar strain. She had a bilateral knee inflammatory process. The findings on exam on 12/17,2013, 02/11/2014 and on 06/10/2014 were the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MR Arthrogram 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 (ODG), Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 329-353.

**Decision rationale:** The requested imaging study does not meet MTUS, ACOEM criteria for a repeat imaging study. There were no red flag signs. The knees were stable. There was no new finding that would make the patient a surgical candidate for a third time. She had a previous right knee arthrogram and the results were not provided. There was insufficient documentation to substantiate the medical necessity of the requested right knee arthrogram. Therefore, the request is not medically necessary.

**Repeat MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 287-316.

**Decision rationale:** The patient did not meet MTUS, ACOEM criteria for another lumbar MRI. She is stable and is working. There were no red flag signs. The results of the previous lumbar MRI were not provided. She does not appear to be a surgical candidate. The request for repeat lumbar MRI is not medically necessary.