

<b>Case Number:</b>	CM14-0208300		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	12/08/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 diagnoses include low back pain, lumbar spine sprain/strain rule in/out herniated nucleus pulposus; rule in/out lumbar radiculopathy; right knee sprain/strain rule out joint derangement; right foot sprain/strain rule in/out internal derangement. Under consideration is a request for retro MRI of the right knee. There is a 5/23/14 primary treating physician report that states that the patient complains of burning right knee pain. The patient rates the pain as 7/10, on a pain analog scale. Her pain is described as constant, moderate to severe. The pain is aggravated with squatting, kneeling, ascending or descending stairs, prolonged positioning including weight bearing, standing, and walking. She also complains of numbness, tingling, and pain radiating to the foot. The patient also complains of right foot burning pain and burning low back pain. On exam she has palpable tenderness is noted at the lumbar paraspinal muscles and over the lumbosacral junction, a negative bilateral straight leg raise and decreased lumbar range of motion. The right knee reveals tenderness to palpation over the medial and lateral joint line and to the patello-femoral joint. The right knee exam revealed that there is no anterior or posterior cruciate ligament instability. No medial or lateral collateral ligament instability. There is decreased right knee range of motion. There is right foot tenderness to palpation at the dorsal aspect of the right foot and tenderness at the calcaneus. Slightly decreased sensation to pin-prick and light touch at the L4,L5 and S 1, dermatomes in the right lower extremity. Motor strength is 4/5 in all the represented muscle groups in the bilateral lower extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral lower extremities. The treatment plan includes x-rays of the lumbar spine, right knee and foot; TENS unit for home use; shockwave therapy; physical therapy for the lumbar spine, right knee and foot; LINT therapy for the lumbar spine; EMG/NCV of the bilateral lower extremities; Terocin patches for pain relief.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro MRI of the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 10/27/14

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg- MRI's (magnetic resonance imaging)

**Decision rationale:** Retro MRI of the right knee is not medically necessary per the MRI of the right knee is not medically necessary per the MTUS ACOEM or ODG guidelines. The MTUS ACOEM states that an MRI can be ordered for suspected instability/ligament injuries. The ODG states that a knee MRI can be ordered if internal derangement is suspected. The ODG states that an MRI can be ordered post-surgical if need to assess knee cartilage repair tissue. The recent physical exam findings do not reveal a red flag condition or evidence of knee instability that would require an MRI of the right knee. The request for a retro MRI of the right knee is not medically necessary.