

<b>Case Number:</b>	CM15-0009400		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/07/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 61 year old male, who sustained an industrial injury on 7/7/2008. The current diagnoses are reflex sympathetic dystrophy of the lower limbs and knee joint pain. Currently, the injured worker complains of bilateral knee pain, right greater than left. The pain is rated 7/10 on a subjective pain scale. The pain is described as a throbbing bone ache with intermittent stabbing pain. Additionally, he reports decreased range of motion, weakness, heaviness, numbness, tingling, warmth, touch/temp sensitivity, right foot drop, and unstable gait. Current medications are Norco, OxyContin, Buspirone, and Amitriptyline. Treatment to date has included ice, heat application, medications, and physical therapy. He had developed left knee pain due to favoring it after right knee pain. The treating physician is requesting Magnetic Resonance Imaging (MRI) Bilateral Knees, which is now under review. On 12/17/2014, Utilization Review had non-certified a request for Magnetic Resonance Imaging (MRI) Bilateral Knees. The MRI was non-certified based on insufficient information provided by the attending health care provider to associate or establish the medical necessity or rationale. The ACOEM and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) Bilateral Knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. In this case, the knee pain and foot drop are not related to a ligament or ACL tear as described in the clinical notes. The pain in the left knee as a result of favoring it for right knee pain also does not justify an MRI. As a result, an MRI of both knees is not medically necessary.