

<b>Case Number:</b>	CM15-0138040		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Texas, 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 42-year-old male, who sustained an industrial injury on November 19, 2013. He reported injury to his right knee. The injured worker was diagnosed as having right knee sprain/strain, rule out internal derangement. Treatment to date has included diagnostic studies, brace, medications, physical therapy, injections and exercise. On June 8, 2015, the injured worker complained of pain in the right knee and right ankle. The pain was rated as a 7 on a 1-10 pain scale. Rest, activity modification, use of brace and medications were noted to provide relief. Physical examination of the right knee revealed positive McMurray's sign, limited range of motion and tenderness on palpation. The treatment plan included an ultrasound guided corticosteroid injection to the right knee, MRI of the right knee, hinged brace, work boots, medications and a follow-up visit. On July 8, 2015, Utilization Review non-certified the request for one MRI of the right knee, citing California MTUS Guidelines. The patient sustained the injury when he was moving 3 pallet jacks. The patient had received an unspecified number of the PT visits for this injury. The patient has had MRI of the right knee on 12/30/13 that revealed effusion and edema and subchondral fracture of femoral condyle; right knee MR arthrogram on 8/18/14 that revealed subluxation of patella and bone island in femoral condyle. Patient had received right knee injection for this injury. The medication list include Anaprox, Flexeril, Norco, Prilosec and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI of the Right Knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, 2015, Knee and Leg, MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343: Table 13-5. Ability of Various Techniques to Identify and Define Knee Pathology and Page 341: Special Studies and Diagnostic and Treatment Considerations.

**Decision rationale:** Request: Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture." The patient has had MRI of the right knee on 12/30/13 that revealed effusion and edema and subchondral fracture of femoral condyle; right knee MR arthrogram on 8/18/14 that revealed subluxation of patella and bone island in femoral condyle. The injured worker was diagnosed as having right knee sprain/strain, rule out internal derangement. Treatment to date has included diagnostic studies, brace, medications, physical therapy, injections and exercise. On June 8, 2015, the injured worker complained of pain in the right knee and right ankle. The pain was rated as a 7 on a 1-10 pain scale. Physical examination of the right knee revealed positive McMurray's sign, limited range of motion and tenderness on palpation. Therefore the patient has significant objective findings currently, suggestive of internal derangement . He also has had significant findings in the previous imaging study in 8/2014 and 12/2013. An updated MRI of the Right Knee is indicated to evaluate the current status of the previous abnormalities. The request for MRI of the Right Knee is medically necessary and appropriate for this patient at this time.