

<b>Case Number:</b>	CM15-0138559		
<b>Date Assigned:</b>	08/18/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54-year-old female, who sustained an industrial injury on 6-21-2011, due to a fall. The injured worker was diagnosed as having status post right knee arthroscopies x2 with residuals. Treatment to date has included diagnostics, surgical interventions (dated operative reports not included), and medications. Currently, the injured worker complains of right shoulder pain, rated 6 out of 10, right knee pain, rated 4 out of 10, with radiation to the right lower extremity, and left knee pain, rated 4 out of 10, associated with numbness and tingling to the left toes. A review of symptoms was positive for anxiety. Exam of the right knee noted tenderness to palpation, flexion at 95 degrees and extension at 0. Orthopedic testing revealed positive McMurray's and Steinman's tests, to the right. Medial joint line tenderness was also noted. The treatment plan included magnetic resonance imaging of the right knee to rule out post-operative internal derangement. Work status was total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right knee:** Overturned

**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 & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, MRI.

**Decision rationale:** This claimant was injured in 2011, due to a fall. The injured worker was diagnosed as having status post right knee arthroscopies x2 with residuals. Currently, the injured worker complains of right shoulder pain, rated 6 out of 10, right knee pain, rated 4 out of 10, with radiation to the right lower extremity, and left knee pain, rated 4 out of 10, associated with numbness and tingling to the left toes. A review of symptoms was positive for anxiety. Exam of the right knee noted tenderness to palpation, flexion at 95 degrees and extension at 0. Orthopedic testing revealed positive McMurray's and Steinmann's tests, to the right. Medial joint line tenderness was also noted. The MTUS does not address repeat advanced imaging for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. In this case, there is clear suspicion and documentation of internal derangement signs due to strong orthopedic signs. Although the relation of the signs to the original injury is unclear, still, criteria would be met for an MRI to assess the knee. This request is clinically medically necessary.