

<b>Case Number:</b>	CM15-0144268		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old female, who sustained an industrial injury on 2-2-09. The injured worker has complaints of bilateral knees. The documentation noted that there is diffuse tenderness in the knees bilaterally. The diagnoses have included right knee strain sprain; right knee degenerative joint disease and bursitis and left knee strain sprain. Treatment to date has included physical therapy; injections; norco; ambien; flexeril; lidoderm patch; motrin; naprosyn; robaxin; vicodin; xanax; X-rays of the right knee showed there is a relatively neutral alignment, there is decreased medial joint space to approximately 3 millimeter; left knee X-rays showed there is decreased medial joint space to approximately 3 millimeter, moderate diffuse tricompartmental degenerative joint changes and magnetic resonance imaging (MRI) of the left knee on 7-10-09 showed a medial meniscal tear and tricompartmental osteoarthritis, joint effusion. The request was for magnetic resonance imaging (MRI) of the right knee and left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, 343. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG): Knee & Leg Chapter, Indications for imaging, MRI's (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under MRI's (magnetic resonance imaging).

**Decision rationale:** Based on the 06/11/15 progress report provided by treating physician, this 59 year old female patient presents with bilateral knee pain rated 5/10. The request is for MRI (Magnetic Resonance Imaging) Of the Right Knee. Patient's diagnosis per Request for Authorization form dated 06/09/15 includes chronic pain syndrome, meniscal tear, prepatellar bursitis, and pain unspecified site of knee. Physical examination to the knees on 04/14/15 revealed diffuse swelling and 1+ effusion bilaterally. Tenderness in the medial, lateral joint line, medial bursa and peripatellar region bilaterally. Crepitation noted, and range of motion slightly decreased on flexion. Positive Patellar Grind test bilaterally. Per 06/11/15 report, the patient "was unable to attend the recent physical therapy that was authorized because she could not walk and get to the physical therapy location. It has subsequently expired." Treatment to date has included imaging studies, injections, and medications. Patient's medications include Norco, Ambien, and Lidoderm patches. The patient is temporarily partially disabled, and may return to work with restrictions, per 06/11/15 report. Treatment reports provided from 01/31/15 - 06/11/15. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. ODG Guidelines, Knee and Leg Chapter under MRI's (magnetic resonance imaging) states: "Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening).- Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)" Right knee MRI dated 11/06/14, per 01/31/15 report revealed "a large tear in the posterior horn of the medial meniscus with associated meniscal extrusion. There was extensive cartilage loss in the patellofemoral compartment, mostly laterally. There was high-grade cartilage loss in the medial compartment, most notably on the posterior aspect of the medial tibial plateau." Per 06/11/15 report, treater states "At this time because of the

significant worsening it is recommended that [the patient] have an MRI scan of the right and left knee to evaluate for any significant internal derangement. Review of these studies will help to direct further medical care... Request authorization for MRI scan of the right and left knee to rule out internal derangement, meniscal tear or synovitis." In this case, the patient continues with pain and treatment is requesting a repeat MRI to rule out "internal derangement," which is supported by ODG. This request is in accordance with guidelines. Therefore, the request is medically necessary.

### **MRI (Magnetic Resonance Imaging) of the left knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg Chapter, Indications for imaging, MRI's (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under MRI's (magnetic resonance imaging).

**Decision rationale:** Based on the 06/11/15 progress report provided by treating physician, this 59 year old female patient presents with bilateral knee pain rated 5/10. The request is for MRI (Magnetic Resonance Imaging) Of The Left Knee. Patient's diagnosis per Request for Authorization from dated 06/09/15 includes chronic pain syndrome, meniscal tear, prepatellar bursitis, and pain unspecified site of knee. Physical examination to the knees on 04/14/15 revealed diffuse swelling and 1+ effusion bilaterally. Tenderness in the medial, lateral joint line, medial bursa and peripatellar region bilaterally. Crepitation noted, and range of motion slightly decreased on flexion. Positive Patellar Grind test bilaterally. Per 06/11/15 report, the patient "was unable to attend the recent physical therapy that was authorized because she could not walk and get to the physical therapy location. It has subsequently expired." Treatment to date has included imaging studies, injections, and medications. Patient's medications include Norco, Ambien, and Lidoderm patches. The patient is temporarily partially disabled, and may return to work with restrictions, per 06/11/15 report. Treatment reports provided from 01/31/15 - 06/11/15. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. ODG Guidelines, Knee and Leg Chapter under MRI's (magnetic resonance imaging) states: "Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult.

Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)" Left knee MRI dated 07/10/09, per 04/14/15 report revealed "a medial meniscal tear, and tricompartmental osteoarthritis, joint effusion." Per 06/11/15 report, treater states "At this time because of the significant worsening it is recommended that [the patient] have an MRI scan of the right and left knee to evaluate for any significant internal derangement. Review of these studies will help to direct further medical care. Request authorization for MRI scan of the right and left knee to rule out internal derangement, meniscal tear or synovitis." In this case, the patient continues with pain and treater is requesting a repeat MRI to rule out "internal derangement," which is supported by ODG. This request is in accordance with guidelines. Therefore, the request is medically necessary.