

<b>Case Number:</b>	CM15-0169771		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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:

This injured worker is a 53 year old female who reported an industrial injury on 8-6-2009. Her diagnoses, and or impression, were noted to include: severe lateral right knee compartment osteoarthritis; and evidence of left knee strain. No current imaging studies were noted. Her treatments were noted to include: Arthrotomy of the right knee (11-3-14); use of cane; aquatic therapy - slight improvement; 12 post-surgical physical therapy - minimal success, with additional physical therapy treatments; a home exercise program; heat-cold therapy; medication management with toxicology screenings; and continued rest from work. The progress notes of 7-2-2015 reported a follow-up examination of her bilateral knees for which she reported continued mild-moderate pain, not significantly improved since her January 2015 visit. Objective findings were noted to include: improvement in progress; the discontinuation in use of her cane; the ability to drive and do her home exercise program; and review of the x-rays taken of her bilateral knees which noted no increase in osteoarthritis. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the left knee for further evaluation. The Utilization Review of 8-10-2015 non-certified the request for magnetic resonance imaging studies of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The patient has unchanged symptom complaints and clinical findings for this chronic 2009 injury without clinical change, red-flag conditions or functional deterioration to support for the MRI. Besides continuous intermittent pain complaints, exam is without neurological deficits, report of limitations, acute flare-up or new injuries. There is no report of failed conservative trial or limitations with ADLs that would support for the MRI without significant change or acute findings. There is no x-ray of the knee for review. Guidelines states that 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. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met. The Left Knee MRI is not medically necessary and appropriate.