

<b>Case Number:</b>	CM15-0189035		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/13/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Montana

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 52 year old female flight attendant, who sustained an industrial injury on 3-13-2009 when lifting a soda drawer. The original injury was to the left knee. She would subsequently develop compensatory right knee pain. The medical records indicate that the injured worker is undergoing treatment for right knee medial meniscus tear versus early arthritis. According to the progress report dated 9-11-2015, the injured worker presented with complaints of increasing, new onset right knee pain. It is a moderate ache, made worse with walking, stairs, and cold weather. The level of pain is not rated. The physical examination of the right knee reveals tenderness over the medial joint line, mild effusion without crepitus, full extension and flexion to 10 degrees, and positive McMurray's testing. The current medications are Tramadol, Ibuprofen, and Pennsaid 1.5%. Screening radiographs of the right knee were obtained on 9/11/15. Treatments to date include medication management. Work status is described as permanent and stationary. The original utilization review (9-18-2015) had non-certified a request for MRI of the right knee.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, MRIs.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure Index, Knee and Leg, MRIs.

**Decision rationale:** The MTUS, in the ACOEM Clinical Practice Guidelines, notes that reliance on imaging studies to evaluate the source of knee symptoms may carry significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The algorithm for patients with occupational knee complaints greater than 4 weeks, on page 350, notes that MRI would be indicated for objective evidence of ligament injury on physical examination or with locking or catching of the knee. The ODG guidelines recommend MRI of the knees as indicated below. MRI best evaluates soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption). A systematic review of prospective cohort studies comparing MRI and clinical examination to arthroscopy to diagnose meniscus tears concluded that MRI is useful, but should be reserved for situations in which further information is required for a diagnosis, and indications for arthroscopy should be therapeutic, not diagnostic in nature. 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 non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic 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. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Non-traumatic knee pain, adult – non-trauma, non-tumor, non-localized 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. In this case the medical records document a presumptive diagnosis of right knee medial meniscal tear based on clinical findings. The Utilization Review on 9/18/15 noted that screening radiographs should be obtained prior to performing a MRI. The treatment note on 9/11/15 does document screening radiographs showing mild patellofemoral arthritis. The request for MRI of the right knee, with internal derangement suspected, is consistent with the MTUS and ODG guidelines and is medically necessary.