

<b>Case Number:</b>	CM15-0190638		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: 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 62 year old female, who sustained an industrial injury on 4-01-2013. The injured worker was diagnosed as having pain in joint, lower leg, status post bilateral knee contusions, cervical spinal stenosis, cervical spondylosis without myelopathy, and carpal tunnel syndrome. Treatment to date has included diagnostics, cervical spine treatment, bilateral carpal tunnel release, and hand therapy. Previous treatment(s) regarding the right knee, if any, was not specified. Currently (8-27-2015), the injured worker complains of severe neck pain, bilateral upper extremity pain with numbness and tingling (right greater than left), and radiation. She also reported that her right knee continued to bother her "significantly" with standing and walking, particularly walking longer distances and walking on uneven ground. Objective findings regarding the right knee noted a positive Apley compression test and joint line tenderness, medially and laterally. The treating physician documented that the medical records did not reflect that the injured worker ever had magnetic resonance imaging of the right knee, noting that x-ray demonstrated no bony abnormalities or fracture. The treating physician also documented that a review of the medical record did not indicate that a physical exam specific of the knee was done, noting "we didn't get a chance to review the medical record in specifics to whether or not the patient had an MRI of the right knee". Her work status was "previously permanent and stationary". A prior progress report (6-18-2015) noted that "she has had magnetic resonance imaging of her knee which we do not have". The treatment plan included magnetic resonance imaging of the cervical spine and right knee, noting non-certification of magnetic resonance imaging of the right knee by Utilization Review on 9-17-2015.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI cervical spine and right knee:** Upheld

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

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

**Decision rationale:** Per MTUS guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: 1) Patient is able to walk without a limp 2) Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: 1) Joint effusion within 24 hours of direct blow or fall 2) Palpable tenderness over fibular head or patella. 3) Inability to flex knee to 90 degrees 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) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. There is no supporting documentation that the injured worker has failed with conservative treatment and no other imaging studies have been conducted prior to this request. Additionally, MRI is preferred to MRA. Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the injured worker had an MRI of the cervical spine on 5/29/13, however, her symptoms have gotten much worse since that MRI, therefore, a repeat MRI is warranted. Regarding the knee MRI, she had an x-ray completed that was normal but there is no evidence of conservative treatment regarding the knee, therefore, this MRI is not supported. The request for MRI cervical spine and right knee is determined to not be medically necessary.