

<b>Case Number:</b>	CM15-0193626		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/11/1994
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Emergency 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 12-11-94. The injured worker was diagnosed as having sciatica; internal derangement of knee; unspecified arthropathy lower leg; disturbance of skin sensation; degeneration of lumbar or lumbosacral intervertebral disc; chronic pain syndrome. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-8-15 indicated the injured worker complains of left knee pain but her lower back is a little better than before. She is taking Meloxicam only as needed. She reports her left knee buckles with sudden pain on and off. On physical examination, the provider documents complaints of left knee pain and low back pain. Current medications are listed as: Omeprazole 20mg, Amlodipine Besylate 5mg, Losartan Potassium 25mg, Metoprolol Tartrate 25mg, Glipizide 5mg, and Aspirin 81mg and Meloxicam15mg. The provider's treatment plan indicates the injured worker is to continue present medications, recommends physical therapy 2x a week for 4 weeks and needs a MRI of the left knee. An X-rays of the left knee is dated 5-27-11 with an impression of "1) there are moderate degenerative changes in the left knee with the most prominent changes in the medial compartment of the knee. 2) On the lateral view, there is an unusual appearance with a calcification adjacent to the upper pole of the patella. The cortex of the upper pole of the patella appears intact. This could represent some soft tissue calcification related to an old injury. Less likely would be an old ununited fracture involving the upper pole of the patella or a loose body within the suprapatellar bursa." The provider does not offer any other relevant conservative treatments or physical findings other than medications at this time. A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-24-15 and non-certification for MRI of left knee without contrast. A request for authorization has been received for MRI of left knee without contrast.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left knee without contrast:** 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 requested MRI of left knee without contrast is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has left knee pain and low back pain. Current medications are listed as: Omeprazole 20mg, Amlodipine Besylate 5mg, Losartan Potassium 25mg, Metoprolol Tartrate 25mg, Glipizide 5mg, and Aspirin 81mg and Meloxicam 15mg. The provider's treatment plan indicates the injured worker is to continue present medications, recommends physical therapy 2x a week for 4 weeks and needs a MRI of the left knee. An X-rays of the left knee is dated 5-27-11 with an impression of "1) there are moderate degenerative changes in the left knee with the most prominent changes in the medial compartment of the knee. 2) On the lateral view, there is an unusual appearance with a calcification adjacent to the upper pole of the patella. The cortex of the upper pole of the patella appears intact. This could represent some soft tissue calcification related to an old injury. Less likely would be an old un-united fracture involving the upper pole of the patella or a loose body within the suprapatellar bursa." The provider does not offer any other relevant conservative treatments or physical findings other than medications at this time. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, not recent physical therapy trials for the affected joints. The criteria noted above not having been met, MRI of left knee without contrast is not medically necessary.