

<b>Case Number:</b>	CM15-0194369		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/21/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 61 year old female, who sustained an industrial injury on 10-21-2012. The injured worker is undergoing treatment for: lumbar spine strain, possible herniated nucleus pulposus, and right knee pain with possible internal derangement. On 3-24-15, a QME evaluation indicated she reported low back and knee pain. Physical examination revealed normal lordosis of the lumbar spine, tenderness without spasm in the lumbar area, ambulation with perceptible limping and favoring of the right leg. She is noted to be able to do heel and toe walking and positive bilaterally straight leg raise testing is noted. On 9-9-15, she reported low back pain with bilateral lower extremity, knee pain. Objective findings revealed "exquisite tenderness to the right knee", antalgic gait, numbness at right S1 with positive on straight leg raise testing, decreased right ankle reflex. The treatment and diagnostic testing to date has included: x-rays of the right knee and lumbar spine (9-9-15) reported as revealing the right knee and lumbar spine as within normal limits, physical therapy, medications, chiropractic treatment. Medications have included: Pantoprazole, Naproxen, and Cyclobenzaprine. Current work status: noted as per QME, which indicated she is "capable of the employment that she currently has as long as she avoids heavy lifting and repetitive bending and stooping and prolonged walking". The request for authorization is for: magnetic resonance imaging of the right knee without contrast. The UR dated 9-21-2015: non-certified the request for magnetic resonance imaging of the right 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 right knee without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (magnetic resonance imaging).

**Decision rationale:** ACOEM notes "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation" and "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." The treating physician does not detail the failure of conservative treatment or the treatment plan for the patient's knee. Medical notes indicate that the patient is undergoing home therapy, but also additionally notes that the home therapy exercises are not being conducted. ODG further details indications for MRI: 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: non-patellofemoral 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 non-diagnostic (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. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) The patient's injury is from 2012 and received an MRI on 5/8/14, to an unknown body part (knee or spine) and the results are not available. The treating physician does not indicate additional information that would warrant a repeat MRI of the knee, such as post-surgical knee assessment, re-injury, or other significant change since last MRI. The ODG guidelines advise against routine repeat MRI. As such, the request for MRI Right Knee is not medically necessary.