

<b>Case Number:</b>	CM15-0195040		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Hawaii

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:

The injured worker is a 54 year old female who sustained an industrial injury on 10-05-2011. According to a progress report dated 09-17-2015, subjective complaints included low back pain rated 7 on a scale of 1-10, left knee pain rated 5, right knee pain rated 8, bilateral wrist pain rated 5-7 and chronic pain syndrome. Subjective findings included tenderness to the lumbar spine, decreased range of motion, tenderness to the bilateral knee, decreased range of motion right, end range of motion pain left and positive Phalen's test bilaterally with weakness to the right thumb. Diagnoses included lumbar herniated nucleus pulposus 3.3 millimeters, bilateral knee meniscal tear, bilateral carpal tunnel syndrome and myospasm. The treatment plan included x-rays lumbar spine, bilateral knee and bilateral wrist, MRI of the lumbar spine bilateral knee and bilateral wrist, electrodiagnostic studies of the upper extremities, psychological pain consultation, chiropractic physiotherapy, urinalysis and return appointment in 4 weeks. Work status included modified work. On 09-18-2015, authorization was requested for urinalysis, chiropractic therapy, follow up in 4 weeks, Tramadol, Naproxen, Prilosec, Flexeril, topical compound creams, interpreting services, MRI of the lumbar spine, MRI of both knees, MRI of both wrists, x-ray of the lumbar spine, x-ray of both knees, x-ray of both wrists, neurodiagnostic studies of both upper extremities and psyche behavioral pain management. On 09-25-2015, Utilization Review non-certified the request for an 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:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Knee & Leg Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with low back pain, bilateral knee pain and bilateral wrist pain. The current request is for a MRI of the right knee. The treating physician notes on 9/17/15 (72B) the patient has tenderness and decreased ROM of the right knee. The physician requests MRI studies to assess current underlying pathology. ODG states that an MRI is reasonable if internal derangement is suspected. Reports from 6/29/2015 to 9/17/15 describe tenderness and pain with decreased ROM of the knee. While the treating physician does not discuss concerns regarding internal derangement, given the diminished ROM, persistent pain and tenderness, and an injury that is chronic, an MRI would be appropriate. Review of the reports does not show that this patient has had any previous MRI scans performed of the right knee. The current request is medically necessary.