

<b>Case Number:</b>	CM15-0196730		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 8-29-2013. The medical records indicate that the injured worker is undergoing treatment for flare-up of right knee, pain and inflammation with positive McMurray's and intra-articular findings. According to the progress report dated 8-24-2015, the injured worker presented with complaints of worsening right knee pain. She notes episodes of swelling after prolonged weight bearing or prolonged driving and some catching sensations. On a subjective pain scale, she rates her pain 5 out of 10. The physical examination of the right knee reveals minimal effusion, tenderness over the medial joint line, positive Apley's and McMurray's sign, and mildly limited range of motion. The current medications are Voltaren gel. Previous diagnostic studies were not indicated. Treatments to date include medication management, icing, and home exercise program. Work status is described as modified. 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 without contrast:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary: Repeat MRIs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI's (magnetic resonance imaging).

**Decision rationale:** Per the ODG guidelines regarding MRI of the knee: Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. (ACR, 2001) See also ACR Appropriateness Criteria. Diagnostic performance of MR imaging of the menisci and cruciate ligaments of the knee is different according to lesion type and is influenced by various study design characteristics. Higher magnetic field strength modestly improves diagnostic performance, but a significant effect was demonstrated only for anterior cruciate ligament tears. (Pavlov, 2000) (Oei, 2003) 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. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic 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. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized 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) Per the documentation submitted for review, the injured worker underwent a right knee arthroscopy on 3/7/14. Per physical exam dated 8/24/15, physical exam noted "The right knee shows minimal effusion. She is very tender over the medial joint line with positive Apley's and McMurray's sign for recreation of medial knee pain. She is also still tender over the pes anserine bursa, but less so in the medial joint line. She has stable ligamentous stress. Mild limited flexion and full extension. Distal neurovascular is intact." As the physical exam findings suggest intraarticular injury or possible recurrent medial meniscus tear, repeat MRI is indicated post-surgically. I respectfully disagree with the UR physician's assertion that the guidelines are not met. The request is medically necessary.