

<b>Case Number:</b>	CM15-0197893		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	05/22/2008
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 61 year old female who sustained an industrial injury on 5-22-2008. A review of the medical records indicates that the injured worker is undergoing treatment for left knee pain and left knee osteoarthritis. According to the progress report dated 8-19-2015, the injured worker complained of left knee pain and swelling. She reported that she started having pain one to two weeks ago. She reported feeling pinching in her left knee. She was using Ibuprofen. The physical exam (8-19-2015) revealed trace edema and tenderness to palpation to the medial joint line and positive medical McMurray's sign. Treatment has included cortisone injections to left knee in the past and medications. The physician noted that x-rays taken 8-19-2015 in the office revealed moderate varus osteoarthritis of the left knee with patellofemoral osteoarthritis and medial osteophytes. The request for authorization was dated 8-27-2015. The original Utilization Review (UR) (9-11-2015) denied a request for magnetic resonance imaging (MRI) with contrast (arthrogram) 3 Tesla open machine left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**P2P MRI with contrast (Arthrogram) 3 Tesla open machine, left knee: Upheld**

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

**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 (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work injury in May 2008 and continues to be treated for knee pain. In June 2013 there was right greater than left medial joint line tenderness. A series of left knee viscosupplementation injections was started. In August 2013 a left knee unloader brace was provided. In September 2013, she was still having pain which was unchanged after the injections. There was some pain relief with use of the brace. An x-ray showed findings of end-stage patellofemoral osteoarthritis with mild medial compartment osteoarthritis. When seen in August 2015 she had left knee pain and swelling beginning 1-2 weeks before. She was having difficulty sleeping. She had started using a cane. She felt a pinching in the left knee. There had been no significant injury or trauma. Physical examination findings included a body mass index of nearly 35. There was medial joint line tenderness with positive McMurray's testing. There was a trace effusion. An MRI of the knee was requested. An x-ray showed findings of moderate osteoarthritis. Applicable indications in this case for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, there was no acute trauma. The claimant's symptoms had been present for less than two weeks and conservative treatments had not been started. There were no complaints that would suggest meniscal entrapment. The requested MRI of the knee is not medically necessary.