

<b>Case Number:</b>	CM15-0199406		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	08/18/2008
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 49 year old male with an industrial injury date of 08-18-2008. Medical record review indicates he is being treated for bilateral knee internal derangement, limited range of motion of the bilateral knees, bilateral knee inflammation and sacroiliitis of the left sacroiliac joint. Subjective complaints (08-20-2015) included worsening left knee pain with active and passive movement rated as 8 "most of the time". The injured worker was status post first left sacroiliac joint injection with 50% improvement with increase in range of motion and decreased pain level. The injured worker was also complaining of pain in bilateral knee with pain on active and passive range of motion. In regards to prior treatment the treating physician documented: "Failure of conservative treatment including physical therapy, home exercise and acupuncture has been documented." "Despite conservative treatment, the patient's improvement has been limited." Physical findings (08-20-2015) included palpation over left sacroiliac joint reproduced sharp shooting pain down the posterior and lateral aspect of the thigh. Bilateral knee examination noted an "antalgic component to the gait" with marked stiffness of the bilateral knees. Tenderness was noted over the medial joint line as well as over the undersurface of the patella. Patellar pressure and active and passive extension of the knee produced complaints of pain. There was decreased range of motion in bilateral knees. On 09-17-2015 the request for MRI of the right knee was non-certified by utilization review.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** CA MTUS Guidelines support the use of special studies, such as MRIs, in cases where conservative treatment has failed and red flags exist. In this case, the patient has a significant history of left knee pathology. The request is for an MRI of the right knee due to compensatory symptoms due to the left knee pathology. However, there are no historical or physical findings warranting this special study. There is no suspicion of infection, tumor, instability or other red flags warranting an MRI. Therefore, the request is not medically necessary or appropriate.