

<b>Case Number:</b>	CM15-0203010		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	01/21/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Iowa, Illinois, California  
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 46 year old female sustained an industrial injury on 1-21-15. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain and right knee internal derangement. Previous treatment included physical therapy, injection and medications. In a PR-2 dated 5-5-15, the injured worker complained of a "dull" pain to bilateral knees with swelling and lumbar spine with dull pain, numbness and occasional sharp pains. Physical exam was remarkable for tenderness to palpation to the lumbar spine and bilateral knees at the patella femoral compartment with positive patella compression test. The physician documented that x-rays showed mild narrowing of the right patella femoral joint. The treatment plan included right knee cortisone injection and magnetic resonance imaging right knee. In a PR-2 dated 6-16-15, the injured worker complained of dull back pain without radiation to the lower extremities and bilateral knee "aching". Physical exam was remarkable for "full" motion to both knees, stable knee exam with positive bilateral patella compression test, positive right straight leg raise and "normal strength" and deep tendon reflexes. The treatment plan included completing physical therapy and continuing medications. In a PR-2 dated 7-28-15, the injured worker complained of grinding pain to the right knee. Physical exam was remarkable for right knee with tenderness to palpation at the joint line with positive patella femoral compression test. The treatment plan included magnetic resonance imaging right knee and right knee cortisone injection. In a PR-2 dated 9-11-15, the injured worker complained of sharp, dull pain to bilateral knees. Documentation of objective findings was difficult to decipher. The treatment plan included

magnetic resonance imaging right knee without contrast noted to be indicated due to positive exam for meniscus tear. On 9-30-15, Utilization Review noncertified a request for magnetic resonance imaging 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 Right Knee without contrast:** Overturned

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

**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, MRIs (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." 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 treating physician documents positive exam findings that would warrant an MRI at this time. As such, the request for MRI Right Knee without contrast is medically necessary.