

<b>Case Number:</b>	CM15-0203929		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Indiana, New  
York Certification(s)/Specialty: Internal 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:

The injured worker is a 55-year-old male, who sustained an industrial injury on 2-14-2012. The injured worker was being treated for pain in joint lower leg, unspecified internal derangement knee, and primary localized osteoarthritis lower leg. Medical records (6-26-2015, 8-7-2015, and 9-4-2015) indicate increasing bilateral knee pain with occasional popping and catching. The medical records show the subjective pain rating of 8 out of 10 left knee and 8.5-9 out of 10 right knee 6-26-2015. The medical records did not include subjective pain ratings for 8-7-2015 and 9-4-2015. The physical exam (6-26-2015 and 8-7-2015) reveals bilateral knees with range of motion of 5-100 degrees, moderate pain throughout exam, no coronal or sagittal laxity, and a moderately antalgic gait. The physical exam (9-4-2015) reveals well-healed arthroscopic portal scars of the bilateral knees with range of motion of 0-130 degrees, no coronal or sagittal laxity, and mild medial joint line tenderness to palpation. Medical records (9-4-2015) show the injured worker underwent bilateral knee steroid injections during the office visit. The x-rays of the bilateral knees (dated 8-14-2015) stated bilateral medial compartment narrowing and findings are suspect for patella Baja. Surgeries to date have included 3 left knee arthroscopies and a right knee arthroscopy. Treatment has included a home exercise program and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (8-7-2015 report), the injured worker has not returned to work. The requested treatments included an MRI of the bilateral knees. On 9-17-2015, the original utilization review non-certified a request for an MRI of the bilateral knees.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the bilateral knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, magnetic resonance imaging bilateral knees are not medically necessary. MRI best evaluates soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption). Indications for imaging include, but are not limited to, acute trauma to the knees; nontraumatic knee pain, patellofemoral symptoms; nontraumatic knee pain initial antero-posterior and lateral radiographs are nondiagnostic. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology; postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker's working diagnoses are primary LOC osteoarthritis lower leg; unspecified internal derangement knee; pain in joint lower leg. Date of injury is February 14, 2012. Request for authorization is September 11, 2015. The documentation indicates the injured worker has had multiple surgical procedures involving both the right and left knee. The most recent surgery was performed 2007 (left knee arthroscopy). According to a September 4, 2015 new patient comprehensive evaluation, the injured worker has bilateral knee pain with popping for seven months. There is no documentation of conservative management involving physical therapy over the seven-month period. Objectively, left knee range of motion is 0 to 125 with medial joint line tenderness. The right knee has medial joint line tenderness. Radiographs did not show any acute injury. There is no documentation of conservative treatment over the seven-month symptomatic. The treating provider administered a Kenalog and Marcaine injection to both knee joints. The documentation indicates a 75% postinjection medial knee pain relief. The last MRI dates of the bilateral knees are not included in the medical record documentation. There is no documentation of prior medical record review. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of conservative management with physical therapy over the seven-month symptomatic, and symptomatic improvement with the catalog and Marcaine injection to both knee joints, and no instability of the knee joints with physical findings of tenderness and no red flags, magnetic resonance imaging bilateral knees is not medically necessary.