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| <b>Case Number:</b>   | CM15-0204777 |                              |            |
| <b>Date Assigned:</b> | 10/21/2015   | <b>Date of Injury:</b>       | 07/01/2015 |
| <b>Decision Date:</b> | 12/03/2015   | <b>UR Denial Date:</b>       | 09/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/19/2015 |

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 53 year old male, who sustained an industrial injury on 7-1-2015. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral upper extremity overuse syndrome, chronic myofascial pain syndrome, and tricompartmental arthritis bilaterally, and bilateral carpal tunnel syndrome. On 9-3-2015, the injured worker reported noted achy pain in both forearms, numbness in both palms, bilateral knee pain, with pain rated 9 out of 10. The Primary Treating Physician's report dated 9-3-2015, noted the physical examination showed spasms of the extensor tendons of both upper arms, loss of sensation in both palms, thumbs, and forefingers with Phalen's, Reverse Phalen's, and Tinel's positive on bilaterally and Durkan's and Finkelstein's positive on the right. Crepitus was noted to be elicited upon active and passive range of motion (ROM) bilaterally, more on the right with medial and lateral stress positive bilaterally and Lachman's positive on the right. X-rays of the bilateral knees were noted to show degenerative tricompartmental changes bilaterally, significantly more on the right. The treatment plan was noted to include requests for authorization for MRI studies of the bilateral knees, electromyography (EMG)-nerve conduction velocity (NCV) studies of the bilateral upper extremities and acupuncture. The injured worker's work status was noted to be temporarily totally disabled, unable to perform his usual work. The request for authorization dated 9-22-2015, requested a MRI of the left knee without contrast. The Utilization Review (UR) dated 9-29-2015, non-certified the request for a MRI of the left knee without contrast.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI left knee without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Official Disability Guidelines (ODG), Knee and Leg.

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

**Decision rationale:** According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The clinical information submitted for review does not demonstrate that a period of conservative care has been performed to meet CA MTUS/ACOEM guideline criteria for the requested imaging. The request for knee MRI is not medically necessary or appropriate.