

<b>Case Number:</b>	CM15-0204902		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/25/2015
<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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 57 year old male with a date of injury on 10-29-12. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee pain. Progress report dated 9-14-15 reports continued complaints of right and left knee pain. He reports left knee pain as a result of favoring his right knee. He has complaints of pain in both feet with burning, numbness and tingling. MRI of right knee shows meniscal tear and some early chondral wear. Objective findings: crepitus of both knees, he has pain along the medial and lateral joint lines. He will need right knee arthroscopy with meniscal tear and should have an MRI of the left knee. Treatments include: medication, physical therapy, and injections. Request for authorization was made for 1 MRI of the Left Knee. Utilization review dated 9-25-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI of the Left Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Assessment, General Approach, Medical History, Physical Examination, Diagnostic Criteria,

Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

**Decision rationale:** The MTUS Guidelines recommend the use of MRI imaging of the knee to confirm a meniscal tear if surgery is being considered; to determine the extent of an anterior or posterior cruciate ligament tear; to confirm patellar tendinitis only if surgery is being considered; and to confirm prepatellar bursitis, ligament strain and patellofemoral syndrome when needed. The submitted and reviewed documentation indicated the worker was experiencing pain in both knees and pain in both feet with numbness and tingling. These records concluded the worker was suffering from a possible meniscal tear, among other issues. There was no discussion suggesting a concern for any of the above issues or detailing special circumstances that supported this imaging study in this setting. In the absence of such evidence, the current request for a MRI of the left knee is not medically necessary.