

<b>Case Number:</b>	CM15-0205205		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	04/20/2007
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/18/2015
<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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 04-20-2007. He has reported injury to the low back and right knee. The diagnoses have included right knee internal derangement; right knee chondromalacia; right knee lateral meniscal tear; low back pain; lumbar radiculopathy at L5-S1, right-sided; and displacement of lumbar intervertebral disc without myelopathy. Treatments have included medications, diagnostics, bracing, cane, Supartz injections to the right knee, and selective nerve root block, right L5, S1. Medications have included Norco, Neurontin, Trazodone, Cymbalta, and Prilosec. A progress report from the treating physician, dated 09-08-2015, documented a follow-up visit with the injured worker. The injured worker reported constant low back pain, which radiates to the right leg and foot; pain remains unchanged; he also reports of more pain in the right knee (status post four surgeries); there is swelling, motion loss, and giving way feeling with the right knee; he is using a brace and a cane; medications are helpful without any new side effects; he rates his pain at 4 out of 10 with analgesic medications, and 7 out of 10 without analgesic medications. Objective findings included he ambulates with an antalgic gait; lumbar spine with limited range of motion with pain; positive bilateral lumbar facet loading; positive right straight leg raising test; right knee limited range of motion with multiple incisions noted from previous surgeries; there was bony deformity, mild edema, and positive crepitus; and there was tenderness to palpation over the bilateral joint lines. The treatment plan has included the request for MRI of the right knee. The original utilization review, dated 09-18-2015, non-certified the request for MRI of the right knee.

## **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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

**Decision rationale:** This claimant was injured now 8 years ago, with low back and right knee injury. There has been extensive past diagnostics and knee surgery. There is now more pain in the right knee, with swelling, motion loss, and give way feeling with the right knee. The MTUS does not address repeat advanced imaging for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. Although there is increasing pain, there is no mention of change in orthopedic signs, function, or symptoms. Nor are plain knee radiography studies noted, which serve as an initial study. The request was not medically necessary and appropriately non-certified under evidence-based criteria.