MAXIMUS Federal Services

| Case Number: | CM15-0205640 | | |
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| Date Assigned: | 10/22/2015 | Date of Injury: | 04/27/2009 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/09/2015 |
| Priority: | Standard | Application Received: | 10/20/2015 |

## 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, New York, 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 27, 2009. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for MRI imaging of the knee. The claims administrator referenced a September 30, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On March 24, 2014, the applicant underwent a knee arthroscopy, extensive tricompartmental debridement, partial medial meniscectomy, and partial lateral meniscectomy to ameliorate preoperative diagnosis of medial meniscal tear, lateral meniscal tear, and knee arthritis. The applicant was described as having grade 3 to grade 4 degenerative changes present on intraoperative inspection. Tricompartmental degeneration was appreciated, most pronounced about the patellofemoral joint. On September 30, 2015, the applicant reported ongoing complaints of knee pain, exacerbated by bending, lifting, climbing stairs, and walking. The applicant was working regular duty, despite her pain complaints, it was reported. The applicant was asked to pursue a right knee MRI to confirm or rule out recurrent injury. The applicant was asked to follow up with her knee surgeon. The requesting provider was a chiropractor, it was reported. There was no mention of how (or if) the proposed MRI would influence or alter the treatment plan.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee MRI with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 483 Recommendation: MRI for Routine Evaluation of Acute, Subacute, or Chronic Knee Joint Pathology MRI is not recommended for routine evaluation of acute, subacute, or chronic knee joint pathology, including degenerative joint disease. Strength of Evidence Not Recommended, Insufficient Evidence (I).

**Decision rationale:** No, the request for right knee MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335-336 acknowledges that MRI imaging can be employed to confirm a variety of diagnoses, including those with meniscal tear, anterior cruciate ligament tear, collateral ligament tear, posterior cruciate ligament tear, patellar tendonitis, etc., the MTUS Guideline in ACOEM Chapter 13, Table 13-3, page 335-336 qualifies its position by noting that such testing is indicated only if surgery is being considered. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of knee surgery involving the injured knee based on the outcome of the study in question. The fact that the requesting provider was a chiropractor (as opposed to a knee surgeon) significantly reduced the likelihood of the applicant's acting on the results of the study in question. The Third Edition ACOEM Guidelines Knee Disorders Chapter further notes that MRI imaging is not recommended in the routine evaluation of applicants with chronic knee joint pain, including that associated with degenerative joint disease, as was reportedly present here, per an operative report of March 24, 2014, which was notable for commentary to the effect that the applicant had tricompartmental arthritic changes present. It was not clearly established why knee MRI imaging was sought in the face of (a) the unfavorable ACOEM position on knee MRI imaging for knee arthritis and (b) in the face of the applicant's already having an established diagnosis of knee arthritis based on intraoperative findings. Therefore, the request was not medically necessary.