

<b>Case Number:</b>	CM15-0206390		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on 11-12-2013. The injured worker is undergoing treatment for: chronic bilateral knee pain. On 8-6-15, she reported bilateral knee pain rated 7 out of 10 and indicated standing and walking to be difficult. On 9-3-15, she was administered Synvisc injection to the bilateral knees. On 10-1-15, she reported bilateral knee swelling, more on the right with crepitus and pain. She indicated being able to walk for approximately 30 minutes at a time. She stated a recent Synvisc injection took her pain from 5 out of 10 to a 3 out of 10, and Motrin to take her pain from 3 out of 10 to 2 out of 10. Objective findings revealed perceptible edema of the left knee, tenderness in the medial aspect of the right knee and lateral aspect of the left knee, surgical scarring noted to the right knee and full range of motion is noted bilaterally, positive for crepitus bilaterally. The treatment and diagnostic testing to date has included: x-rays of the left knee (8-7-14), right knee surgery (2012), Synvisc injection (9-3-15), MR arthrogram of right knee (date unclear), multiple physical therapy sessions, medications, home exercises, x-rays of the right knee (October 2014), MRI of the right knee (9-20-12), MRI of the left knee (9-7-12). Medications have included: naproxen, motrin. Current work status: sedentary work only, medically retired and not working. The request for authorization is for: MR arthrogram of the right knee and MRI of the left knee. The UR dated 10/20/2015: non-certified the request for MR arthrogram of the right knee and MRI of the left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MR Arthrogram of the right knee:** Upheld

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

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

**Decision rationale:** The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. The patient has no instability of the joint on exam and not signs of ligament damage or tear. Therefore, the request is not medically necessary.

### **MRI of the left knee:** Upheld

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

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

**Decision rationale:** The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. The patient has no instability of the joint on exam and not signs of ligament damage or tear. Therefore, the request is not medically necessary.