Case Number:	CM15-0206742		
Date Assigned:	10/23/2015	**Date of Injury:**	09/27/2013
Decision Date:	12/09/2015	**UR Denial Date:**	09/17/2015
Priority:	Standard	**Application Received:**	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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 9-27-13. The documentation on 9-1-15 noted that the injured worker has complaints of left shoulder pain, low back pain with right leg radiculopathy and bilateral knee pain. Left shoulder examination revealed that the injured worker has pain with forward flexion past 90 degrees, shoulder abduction past 75 degrees. His passive and active motion is normal, but painful and he has a positive impingement test. Lumbar spine examination revealed that his reflexes are 2+ out of 2+ in his lower extremities but he has numbness on the lateral aspect of his right leg going into the L5-S1 (sacroiliac) distribution that stops about midway in his calf and it goes form the right side of low back through his buttocks down the lateral aspect of his right leg into the lateral aspect of the calf in the L5-S1 (sacroiliac) distribution. Right knee examination revealed the injured worker has pain with patellofemoral compression. He has no varus or valgus laxity; he has a positive bounce home test, positive Apley's compression distraction test and pain with medial joint line compression. Left knee examination has range of motion of 1 to 125 degrees. He has pain with patellofemoral compression and he has no varus or valgus laxity. The injured worker has a positive bounce home test, positive Apley's compression distraction test and pain with medial joint line compression. Right knee X-rays reveal normal boney anatomy; he has good alignment; there is a calcification between the fibula and the tibia and there is no arthritic changes noted. Left knee X-rays revealed that the medial compartment has arthrosis and there is narrowing in the medial compartment with slight flattening of the medial femoral condyle. The documentation noted that the right leg lateral is normal, there is some calcifications in the soft

tissues posteriorly that most likely are vascular in origin. The left leg lateral has some osteophytes on the patella, superiorly and inferiorly; there is also some build up on the posterior aspect of the femoral condyle and on the tibial plateau and calcifications in the soft tissues consistent with vascular disease. Lumbar spine X-rays were normal appearing. The diagnoses have included bilateral knee pain; bilateral medial meniscus tears and bilateral chondromalacia patella. The original utilization review (9-17-15) non-certified the request for magnetic resonance imaging (MRI) of the left and right knee without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast Left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under MRI's.

Decision rationale: The 46 year old patient complains of lower back pain and bilateral knee pain, as per progress report dated 09/01/15. The request is for MRI WITHOUT CONTRAST LEFT KNEE. The RFA for this case is dated 09/10/15, and the patient's date of injury is 09/27/13. The patient is status post 13 surgeries (types not mentioned), as per progress report dated 09/01/15. The patient is also status post left knee surgery 15 years ago, as per the same report. Diagnoses included left shoulder impingement, left shoulder pain, left shoulder rotator cuff tear, lumbago with left leg L5-S1 sciatica, bilateral knee pain, bilateral medial meniscus tear, and bilateral chondromalacia patella. The patient is working full-time without restrictions, as per progress report dated 06/19/15. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. ODG Guidelines, Knee and Leg Chapter under MRI's (magnetic resonance imaging) states: "Indications for imaging -- MRI(magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda

disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)" In this case, a request of MRI for the left knee for evidence of internal derangement is first noted in progress report dated 01/21/15. In an appeal letter dated 09/01/15, the treater states the patient has great deal of pain in bilateral knees and without the MRIs we are unable to determine the best course of action to help alleviate his pain. Physical examination of the left knee revealed pain with patellofemoral compression, positive bounce home test, positive Apley's compression test, and pain with medial joint line compression. X-ray of the left knee, as per the same report, revealed medial compartment arthrosis and narrowing in the medial compartment with slight flattening of the medial femoral condyle. In progress report dated 10/02/15 (after the UR denial date), the treater states the MRI of bilateral knees is being requested for as they are looking for bilateral medial meniscus tears based on the subjective and the objective findings. There is no indication of a prior MRI. Given the chronic pain and the suspicion of internal derangement and meniscal tear, the request appears reasonable and IS medically necessary.

MRI without contrast Right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under MRI's.

Decision rationale: The 46 year old patient complains of lower back pain and bilateral knee pain, as per progress report dated 09/01/15. The request is for MRI WITHOUT CONTRAST RIGHT KNEE. The RFA for this case is dated 09/10/15, and the patient's date of injury is 09/27/13. The patient is status post 13 surgeries (types not mentioned), as per progress report dated 09/01/15. The patient is also status post left knee surgery 15 years ago, as per the same report. Diagnoses included left shoulder impingement, left shoulder pain, left shoulder rotator cuff tear, lumbago with left leg L5-S1 sciatica, bilateral knee pain, bilateral medial meniscus tear, and bilateral chondromalacia patella. The patient is working full-time without restrictions, as per progress report dated 06/19/15. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture.ODG Guidelines, Knee and Leg Chapter under MRI's (magnetic resonance imaging) states: "Indications for imaging -- MRI(magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If

additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)" In this case, a request of MRI for the right knee for evidence of internal derangement is first noted in progress report dated 01/21/15. In an appeal letter dated 09/01/15, the treater states the patient has great deal of pain in bilateral knees and without the MRIs we are unable to determine the best course of action to help alleviate his pain. Physical examination of the right knee revealed pain with patellofemoral compression, positive bounce home test, positive Apley's compression test, and pain with medial joint line compression. X-ray of the right knee, as per the same report revealed calcification between fibula and tibia without any arthritic changes or alignment problems. In progress report dated 10/02/15 (after the UR denial date), the treater states the MRI of bilateral knees is being requested for as they are looking for bilateral medial meniscus tears based on the subjective and the objective findings. There is no indication of prior MRI. Given the chronic pain and the suspicion of internal derangement and meniscal tear, the request appears reasonable and IS medically necessary.