

<b>Case Number:</b>	CM15-0206884		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/16/2002
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/24/2015
<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: California

Certification(s)/Specialty: Emergency 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 62 year old female, who sustained an industrial injury on 10-16-2002. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for residual right knee pain status post 2 surgeries, degenerative changes to right knee "per MRI", and left knee pain with aggravated osteoarthropathy secondary to favoring right knee. Treatment and diagnostics to date has included right total knee arthroplasty in 2014, physical therapy, and use of medications. Recent medications have included topical analgesic cream and Tylenol #3. Subjective data (06-30-2015), included continued left shoulder pain and worsening left knee pain. Objective findings (06-30-2015) included decreased left knee range of motion with "mild" patellar crepitus on the left, "moderate to severe" left knee tenderness, and positive left sided patellar compression. The Utilization Review with a decision date of 09-24-2015 denied the request for MRI of left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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): Special Studies.

**Decision rationale:** The requested MRI of the left knee is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has left shoulder pain and worsening left knee pain. Objective findings (06-30-2015) included decreased left knee range of motion with "mild" patellar crepitus on the left, "moderate to severe" left knee tenderness, and positive left sided patellar compression. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, not recent physical therapy trials for the affected joints nor evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI of the left knee is not medically necessary.