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| <b>Case Number:</b>   | CM15-0024614 |                              |            |
| <b>Date Assigned:</b> | 02/17/2015   | <b>Date of Injury:</b>       | 08/31/1998 |
| <b>Decision Date:</b> | 03/31/2015   | <b>UR Denial Date:</b>       | 01/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/09/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male with an industrial injury dated 08/31/1998. His diagnoses include right knee medial and patellofemoral arthrosis, post repair quadriceps left knee with acellular dermal matrix graft (07/17/2013), post left knee total arthroplasty (01/02/2013), and right shoulder partial rotator cuff tear. Recent diagnostic testing included x-rays of the bilateral knees (pert he progress notes dated 11/21/2014) showing significant medial joint space narrowing and patellofemoral osteophytes. Previous treatments have included conservative care, medications, injections, surgery and physical therapy. In a progress note dated 01/02/2015, the treating physician reports continued left knee pain and worsening right knee pain. The objective examination of the right knee revealed restricted range of motion, moderate crepitus, positive grind test, slightly decreased motor strength in the quadriceps and hamstrings, and tenderness to the medial joint line and medial/lateral facets. The treating physician is requesting MRI of the right knee with PSI protocols which was denied by the utilization review. On 01/23/2015, Utilization Review non-certified a request for MRI of the right knee with PSI protocols, noting the lack of clarity as to why the MRI of the right knee would be medically necessary in contrast to the treatment guidelines. The ODG Guidelines were cited. On 02/09/2015, the injured worker submitted an application for IMR for review of MRI of the right knee with PSI protocols.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right knee with PSI protocols:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging) Lachiewicz, PF, Henderson, RA: Patient-specific Instruments for Total Knee Arthroplasty. J Am Acad Orthop Surg, 2013: 21:513-518.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for bilateral knee pain. Treatment has included a left knee replacement. A right knee replacement is planned and has been approved. Applicable indications for obtaining an MRI of the knee in this case include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are nondiagnostic and further study is clinically indicated. In this case, the claimant has advanced osteoarthritis of the knee by plain film x-ray. In terms of pro-operative planning, studies have shown that PSI for TKA has very little impact on improving the surgical procedure, and no studies have assessed whether the use of PSI results in improved implant survival, patient satisfaction, or function. Therefore the requested MRI is not medically necessary.