

<b>Case Number:</b>	CM15-0210535		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	03/09/2005
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 42 year old female, who sustained an industrial injury on 3-9-2005. The injured worker is undergoing treatment for osteoarthritis and chondromalacia. Medical records dated 8-27-2015 indicate the injured worker complains of right hip and bilateral knee pain improved since cortisone injection. Physical exam dated 8-27-2015 notes antalgic gait, bilateral knee tenderness to palpation with crepitus and lumbar positive facet challenge test. Treatment to date has included injection, medication and physical therapy. The original utilization review dated 10-5-2015 indicates the request for magnetic resonance imaging (MRI) of the right knee is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp 20th Edition, 2015 updates: Knee Chapter.

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

**Decision rationale:** The requested MRI of the right 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 right hip and bilateral knee pain improved since cortisone injection. Physical exam dated 8-27-2015 notes antalgic gait, bilateral knee tenderness to palpation with crepitus and lumbar positive facet challenge test. 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. The criteria noted above not having been met, MRI of the right knee is not medically necessary.