

<b>Case Number:</b>	CM15-0086211		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	02/12/2006
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 12, 2006. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve a request for MRI imaging of the knee. The claims administrator noted that the applicant had a history of an earlier ACL reconstruction surgery. A February 4, 2015 progress note was referenced in the determination, as were non-MTUS Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. On December 11, 2014, the applicant reported ongoing complaints of low back, left knee, and right ankle pain status post earlier left knee ACL reconstruction surgery. The applicant was on Norco at a rate of six tablets a day and Colace, it was suggested. Permanent work restrictions imposed by a medical-legal evaluator were renewed. It was not explicitly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On May 27, 2015, the applicant reported ongoing complaints of knee, low back, and leg pain. The attending provider contended that the applicant would be homebound without her medications. The applicant was using a cane to move about. The applicant exhibited a slowed gait. Multiple medications were renewed. The attending provider stated that the applicant would appeal the previously denied left knee surgery. The attending provider was physiatrist, it was suggested. The knee MRI imaging in question was apparently performed on June 1, 2015 and was notable for a partial-thickness tear of the ACL graft, chondromalacia patella, degenerative changes, and a knee joint effusion. On April 30, 2015, the applicant's physiatrist again noted that the applicant

had ongoing complaints of knee pain, 4-6/10. Knee MRI imaging was sought while Norco and Relafen were renewed. There was no mention of how the proposed knee MRI would influence or alter the treatment plan. On April 13, 2015, the applicant was described as having ongoing complaints of knee and leg pain status post earlier knee ACL reconstruction surgery and meniscectomy. The applicant exhibited tenderness about the medial joint lines with some slight swelling about the knee. The applicant was using a cane to move about. Anterior and posterior drawer testing were negative. Knee MRI imaging was sought for further evaluation purposes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

**Decision rationale:** No, the proposed left knee MRI was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347 states that MRI imaging is "recommended" to determine the extent of an ACL tear preoperatively, in this case, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed knee MRI and/or consider surgical intervention based on the outcome of the same. The requesting provider was a physiatrist, not a knee surgeon. Said physiatrist seemed to be intent on performing knee MRI imaging for evaluative purposes, to determine the structural integrity of the knee following the earlier ACL reconstructive surgery. It did not appear that the applicant went on to act on the results of the knee MRI. There was no mention of the applicant's going on to consider a knee surgery evaluation or knee surgery based on the outcome of the study in question, which was nevertheless positive for an ACL graft tear. There was no mention of the applicant's going on to consult any surgeon based on the outcome of the study in question. Therefore, the request is not medically necessary.