

<b>Case Number:</b>	CM15-0230785		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	01/15/2016	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old female patient who sustained a cumulative industrial injury on 07-22-2013. The diagnoses include left knee patellofemoral syndrome and medial compartment arthropathy. The patient has a medical history of diabetes mellitus and stomach ulcers. According to the treating physician's progress report dated 11/30/15, she had complaints of left knee pain, swelling and knee locking. The current medications list dated 11/30/15 includes Ambien CR, vitamin D3, vitamin B12, flexeril, fish oil and multivitamins. The patient was prescribed flector patch. According to the treating physician's progress report on 10-19-2015, she had complaints of anteromedial left knee pain with occasional swelling and radiation from the extensor mechanism to the anterior left distal leg rated at 9-10 out of 10 on the pain scale after a day's work. She reported episodic giving way with squatting and intermittent popping of the patellofemoral joint. Physical exam revealed localized tenderness over the medial retinaculum, patellar ligament, left medial meniscus and left medial femoral condyle, patellar compression test was present on the left, full range of motion of both knees, no effusion or crepitus evident, intact deep tendon reflexes and pulses in the lower extremities, negative Lachman, anterior and posterior drawer maneuvers with negative varus and valgus stress tests at 30 degrees, normal patellar tracking noted without patellar apprehension in extension, no tenderness to palpation of the medial or lateral compartments with negative McMurray's, Thessaly and Wilson's maneuvers and no tenderness of the femoral trochlea. The medication was listed as Mobic as needed. She had left knee MRI on 3/7/2014 which revealed medial meniscus tear. X-rays of the bilateral knees were interpreted in the progress notes dated 10-19-2015 and noted "medial compartment

cartilage interval of 4mm versus 6mm lateral compartment interval with 16 degrees of lateral patella tilt bilaterally". She has undergone right shoulder surgery in 2000, right shoulder rotator cuff repair in 2012 and right carpal tunnel release in 2012. She had Platelet Rich Plasma injection, injections to the left knee (no date documented), Dansko shoe wear and medications. She had physical therapy for this injury. Treatment plan consists of Platelet Rich Plasma injection series times 3, prescribed Flector patches and the current request for left knee magnetic resonance imaging (MRI) without contrast. On 11-09-2015 the Utilization Review determined the request for left knee magnetic resonance imaging (MRI) without contrast was not medically necessary.

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

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

**Left Knee MRI without contrast:** Upheld

**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) Chapter: Knee & Leg (updated 12/29/15) MRIs (magnetic resonance imaging).

**Decision rationale:** Per the ACOEM guidelines, Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Failure of a recent course of conservative therapy including physical therapy and pharmacotherapy for the left knee was not specified in the records provided. Significant recent objective evidence of internal derangement of the left knee was not specified in the records provided. In addition, the patient had a left knee MRI on 3/7/2014 which revealed a medial meniscus tear. Per the cited guidelines, "Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Evidence of recent cartilage repair was not specified in the records provided. The medical necessity of Left Knee MRI without contrast is not established for this patient.