

<b>Case Number:</b>	CM14-0111220		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient with a date of injury of 9/12/2013. A utilization review determination dated 6/17/14 recommended non certification of the requested MRI without contrast of the right knee due to no documentation of acute trauma, new onset pain with radicular symptoms, instability or clinically warranted post-surgical assessment. A progress report dated 7/23/14 identifies subjective complaints of progressively worsening pain and continued effusion in her right knee. The patient is described as currently walking with a brace and a cane with a limp. The patient complained of popping, catching and locking of the knee and is currently unable to work. Objective findings identify a 2+ effusion and tenderness throughout especially to the superior aspect of the knee. The patient has limited range of motion at 15 degrees of full extension and 90 degrees of flexion. She complains of tenderness to the medial and lateral joint lines with a positive McMurrays sign. Diagnoses include tear of remnant of the lateral meniscus and osteoarthritis of the knee. The treatment plan recommends a partial meniscectomy with chondroplasty and prescriptions were written for Ambien, Colace, Norco, Prilosec, Naproxen, Ultram and Zofran..

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg updated 3/5/14

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI

**Decision rationale:** Regarding the request for MRI left knee, Occupational Medicine Practice Guidelines state reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. ODG Indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g. motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Nontraumatic knee pain, child or adult, patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Nontraumatic knee pain, adult, non-trauma, non tumor, non-localized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Nontraumatic knee pain, adult - nontrauma, non tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Within the medical information made available for review, there is documentation of nontraumatic knee pain. However, there is no documentation that radiographs are nondiagnostic, identification of any red flags or documentation that conservative treatment aimed towards the left knee has failed. In the absence of such documentation, the currently requested MRI is not medically necessary.