

<b>Case Number:</b>	CM14-0121649		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/01/2001
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 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:

The injured worker is a 61-year-old male injured on October 1, 2001. A progress note by the primary treating physician, dated June 2, 2014, indicated the injured worker continued with complaints of left knee pain. The left knee throbbed and stung. The injured worker took Norco, which provided 40-50% pain relief. The injured worker has undergone several surgeries to the left knee, two of which were prior to industrial injury. Physical exam noted tenderness along the medial joint line, full extension and flexion over the left knee with some pain and well healed surgical scar. The injured worker walked with a limp. The physician stated the x-ray of the left knee, dated April 28, 2014, was unremarkable. It showed bones to be normal in density and architecture, no fractures. Joint spaces were maintained. No arthritic changes. No evidence of a joint effusion or chondrocalcinosis. Diagnoses included chronic left knee pain, chronic opioid utilization, and status post right arthroscopy, March 2002. In the clinical note by the primary treating physician, dated July 7, 2014, the physician stated in order for him to best treat the injured worker's condition, an MRI of the left knee was needed. MRI of the left knee was performed approximately ten years ago. Results were not included in records reviewed. The request for MRI of the left knee was denied in prior utilization review, dated July 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Left Knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 06/05/14), MRI's (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (electronically cited). Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Knee Complaints; Diagnostic Investigations; Magnetic Resonance Imaging (electronically cited).

**Decision rationale:** The ACOEM California Guidelines, electronic version, recommend a MRI of the knee for acute and subacute anterior cruciate tears and/or internal derangement in the preoperative setting to determine the extent of damage. An MRI is generally not indicated for patients with acute knee pain. A review of the injured employee's medical records indicates that it has been 10 years since a prior MRI and arthroscopy of the left knee. Considering the new physical examination findings, which indicate potential meniscal damage, this request for an MRI of the left knee is medically necessary.