

<b>Case Number:</b>	CM14-0131954		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & 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 57 year old male injured worker with a date of injury 9/26/08, related bilateral knee pain. Per QME dated 7/9/14, the injured worker complained of pain about the left knee that went into his back as well. It was described as a sharp pulsing feeling. He rated his pain 6/10 in intensity. He did not have stiffness or numbness or tingling. He did have weakness in the left knee and there was grinding about the left knee. He could sit for 45 minutes, stand for 45 minutes, and walk for a mile. He did have some giving-way of the left knee. He used a cane and a knee support. Per physical exam, patellofemoral joint crepitus was noted. Mild medial joint and mild lateral joint tenderness were noted. Treatment has included arthroscopy, viscosupplementation, physical therapy and medication management. The date of UR decision was 8/6/14.

### 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): Repeat MRIs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRI's.

**Decision rationale:** Per ODG TWC with regard to MRI of the knee: 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. No traumatic knee pain, child or adult and patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs no diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary and if internal derangement is suspected. No traumatic knee pain, adult. No trauma, no tumor, no localized pain. Initial anteroposterior and lateral radiographs no diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. No traumatic knee pain, adult - no trauma, no tumor, no localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. The documentation available for review supports MRI in this case. The UR physician's rationale denial is not supported by ODG. The request is medically necessary.