

<b>Case Number:</b>	CM14-0134488		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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:

This patient sustained an injury on July 26, 2013 while employed by [REDACTED]. Request(s) under consideration include Magnetic Resonance Imaging of left knee and Orthopedic surgery consultation for left knee. Diagnoses include contusion of upper arm; myalgia and myositis; and knee/leg sprain/strain. Report of July 29, 2014 from the provider noted the patient with right arm and left knee pain; however, has continued to perform her regular job limiting to 5 hours/day. The patient has had private myofascial sessions which was reportedly helpful, but with worsening knee pain. Exam showed cervical spine tenderness and hypersensitivity over neck and posterior shoulders; "right" (typo) knee with diffuse tenderness on palpation; no swelling with ligaments intact; no neurological findings of motor strength, sensory, or DTRs documented. Diagnoses included right arm pain; left knee sprain rule out internal derangement; low back strain with underlying lumbar DDD and stenosis; and myofascial pain syndrome. Treatment included MRI, orthopedic referral for left knee pain, and medication of Tylenol to take as needed. The request(s) for Magnetic Resonance Imaging of left knee and Orthopedic surgery consultation for left knee were non-certified on August 13, 2014 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (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): 341-343.

**Decision rationale:** This patient sustained an injury on July 26, 2013 while employed by [REDACTED]. Request(s) under consideration include Magnetic Resonance Imaging of left knee and Orthopedic surgery consultation for left knee. Diagnoses include contusion of upper arm; myalgia and myositis; and knee/leg sprain/strain. Report of July 29, 2014 from the provider noted the patient with right arm and left knee pain; however, has continued to perform her regular job limiting to 5 hours/day. The patient has had private myofascial sessions which was reportedly helpful, but with worsening knee pain. Exam showed cervical spine tenderness and hypersensitivity over neck and posterior shoulders; "right" (typo) knee with diffuse tenderness on palpation; no swelling with ligaments intact; no neurological findings of motor strength, sensory, or DTRs documented. Diagnoses included right arm pain; left knee sprain rule out internal derangement; low back strain with underlying lumbar DDD (degenerative disc disease) and stenosis; and myofascial pain syndrome. Treatment included MRI, orthopedic referral for left knee pain, and medication of Tylenol to take as needed. The request(s) for Magnetic Resonance Imaging of left knee and Orthopedic surgery consultation for left knee were non-certified on August 13, 2014. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings, acute flare-up, new injuries or progressive change to support for the imaging study. Therefore, the request for an MRI of the left knee is not medically necessary and appropriate.

**Orthopedic surgery consultation for left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 and Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-330. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** This patient sustained an injury on July 26, 2013 while employed by [REDACTED]. Request(s) under consideration include Magnetic Resonance Imaging of left knee and Orthopedic surgery consultation for left knee. Diagnoses include contusion of upper arm; myalgia and myositis; and knee/leg sprain/strain. Report of July 29, 2014 from the provider noted the patient with right arm and left knee pain; however, has continued to perform her regular job limiting to 5 hours/day. The patient has had private myofascial sessions which was reportedly helpful, but with worsening knee pain. Exam showed cervical spine tenderness and

hypersensitivity over neck and posterior shoulders; "right" (typo) knee with diffuse tenderness on palpation; no swelling with ligaments intact; no neurological findings of motor strength, sensory, or DTRs documented. Diagnoses included right arm pain; left knee sprain rule out internal derangement; low back strain with underlying lumbar DDD and stenosis; and myofascial pain syndrome. Treatment included MRI, orthopedic referral for left knee pain, and medication of Tylenol to take as needed. The request(s) for Magnetic Resonance Imaging of left knee and Orthopedic surgery consultation for left knee were non-certified on August 13, 2014. Medical necessity has not been established nor has findings met criteria for surgical consult per MTUS Medical Treatment Guidelines. MTUS Guidelines clearly notes that injured workers must have clear clinical and imaging findings consistent with a surgical lesion of the knee to support for consultation. Submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the patient has unremarkable clinical findings without positive provocative testing or red-flag conditions. Examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study with significant emergent surgical lesion or failed conservative care failure. The request for an orthopedic surgery consultation for the left knee is not medically necessary and appropriate.