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| <b>Case Number:</b>   | CM14-0142172 |                              |            |
| <b>Date Assigned:</b> | 09/25/2014   | <b>Date of Injury:</b>       | 02/20/2010 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 08/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2014 |

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 63 years old female with an injury date on 02/20/2010. Based on the 07/15/2014 progress report provided by [REDACTED], the diagnoses are: 1. Work related slip/fall 2. Work related motor vehicle accident. 3. Cervical spine strain with radicular complaints; MRI evidence of disk desiccation at C6-7. 4. Thoracic spine strain. 5. Lumbar spine strain with radicular complaints; MRI evidence of 2 mm board based disk bulge at L4-5 and severe left sided hypertrophic facet degenerative changes at L5-S1. 6. Left shoulder rotator cuff tendinitis/bursitis with mild impingement. MRI evidence of tendinopathy of the supraspinatus tendon. 7. Right elbow lateral epicondylitis. 8. Left ankle sprain. According to this report, the patient complains of continues left knee pain with trouble to walk. The patient also complains of neck pain with radiations to both arms. Physical exam of the left knee reveals tenderness to palpation along the medial/lateral joint lines. There is diffused tenderness noted. Range of motion is restricted due to pain and crepitus is noted. There were no other significant findings noted on this report. The utilization review denied the request on 08/01/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/17/2014 to 07/15/2014.

### 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 Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** According to the 07/15/2014 report by [REDACTED] this patient presents with left knee pain with trouble to walk. The treater is requesting MRI of the left knee. ACOEM Guidelines states "special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG guidelines may be more appropriate at addressing chronic knee condition. ODG states that an MRI is reasonable if internal derangement is suspected. Review of reports show the treater does not discuss concerns regarding internal derangement. However, given that the patient has not had an MRI of the knee with persistent and chronic symptoms, internal derangement should be ruled out. Recommendation is for authorization.