

<b>Case Number:</b>	CM14-0212778		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Maryland, District of Columbia  
 Certification(s)/Specialty: Internal Medicine

### 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 employee was a 57 year old male who sustained an industrial injury on 02/06/11 when he injured his arms and shoulder from repeatedly moving dumpsters with bad wheels. Prior treatment included left knee arthroscopy in 2013, shoulder cortisone injections, post operative physical therapy, psychotherapy and medications. An MRI of the cervical spine from 01/15/13 showed C4-C5 and C6-C7 disc pathology without overt anatomic neurocompression. EMG/NCV from 08/22/12 showed right sided C6 or C7 radiculopathy. The progress note from 10/20/14 was reviewed. He was noted to have increased pain, clicking and popping of the left knee and pain radiating down both upper extremities. Pertinent examination findings included moderate paraspinal spasm and limited cervical range of motion. There was left knee trace edema, medial joint line tenderness with positive McMurray, positive Apley and ROM 0 - 130 degrees and without evidence of instability. He also reported right knee pain. Diagnoses included cervical spine sprain/strain, iliotibial band syndrome, left knee torn meniscus, status post surgical repair and depression. The request was for MR arthrogram of the left knee and MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram of left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Knee complaints

**Decision rationale:** According to ACOEM guidelines and ODG, indications for imaging include red flags indicative of ligament injury or instability. In post surgical cases, if there is a need to assess knee cartilage repair tissue, then an MRI is recommended. An MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. The employee had symptoms of knee pain and swelling without evidence of knee instability. He was status post arthroscopic surgery for meniscus tear and post operative physical therapy. He continued to have pain despite conservative measures including physical therapy. Given the positive findings as described above and continuation of pain, an MR arthrogram of knee is medically necessary and appropriate in this claimant.

**MRI of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and upper back

**Decision rationale:** The employee had a history of cervical sprain/strain and ongoing neck pain with radiation to arms. There is a prior MRI from 2013 and an EMG/NCV from 2012. There is no documentation of new changes in neurological examination or new injury to neck. The examination doesn't elaborate neurological findings consistent with radiculopathy. According to Official Disability Guidelines, corroboration with imaging and electrodiagnostic studies is recommended prior to ESIs. But repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology like tumor, infection, fracture, neurocompression or recurrent disc herniation. A previous MRI done showed disc protrusion and a prior EMG/NCV showed radiculopathy changes. The notes don't enumerate factors that necessitate a repeat MRI of cervical spine. Hence the request for MRI of cervical spine is not medically necessary or appropriate.