

<b>Case Number:</b>	CM14-0217130		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/09/2002
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 injured worker is a 63-year-old male who reported an injury on 12/09/2002, when he was pulling a stack of bottles. He had anterior cruciate ligament repair of the right knee in 2003, meniscal right knee repair in 2003, and chronic pain of the right knee and osteoarthritis of the right knee. The clinical note dated 10/30/2014 noted the patient complains of right knee pain, weakness, and popping. It was unresponsive to prior Synvisc injection, but had been helped with the corticosteroid injection in 2012. Upon examination of the right knee, there was effusion and crepitation with range of motion. There is a positive drawer sign. An MRI of the right knee performed in 2013 revealed postsurgical changes. Anterior tibial tunnel was large in appearance. The AC graft appeared intact, but had a striated appearance with apparent interstitial separation in the tibial tunnel. The provider recommended an MRI of the joint of the lower extremity without dye. The rationale was not provided. The Request for Authorization form was dated 10/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI joint of lower extremity without dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Other Clinical Protocol

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

**Decision rationale:** The request for an MRI of the joint of the lower extremity without dye is not medically necessary. The California MTUS/ACOEM Guidelines state that an MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation have failed to improve symptoms. The worker had a prior knee surgery and has now degenerative joint disease with arthritis. He may not be a candidate for surgery and pain may be related to degenerative joint disease. Additionally, there is no information on if the patient had completed initially recommended conservative care and treatment prior to requesting imaging studies. As such, medical necessity has not been established.