

<b>Case Number:</b>	CM15-0003833		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Physical Medicine & Rehabilitation

### 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 53 year old female, who sustained an industrial injury on 10/5/2011. The diagnoses have included status post traumatic crush injury third finger, bilateral wrist sprain/strain, bilateral hand sprain/strain and anxiety. Treatment to date has included acupuncture, infrared therapy and myofascial release. Magnetic resonance imaging (MRI) of the lumbar spine from 11/4/2014 showed early disc desiccation. Per the Primary Treating Physician's Progress Report from 11/20/2014, the injured worker complained of insomnia and fatigue. Objective findings revealed positive tenderness to palpation of knees. Authorization was requested for magnetic resonance imaging (MRI) of the knees. On 12/24/2014, Utilization Review non-certified a request for magnetic resonance imaging (MRI) of the left knee, noting that the injured worker had no symptoms or physical findings of knee internal derangement. The ODG was cited.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Knee and Leg (acute and chronic) Chapter, under Magnetic resonance imaging

**Decision rationale:** Based on the 12/22/14 progress report provided by treating physician, the patient presents with lumbar spine nucleus pulposus, bilateral knee and bilateral hand pain. The request is for MRI OF THE LEFT KNEE. Physical examination on 11/20/14 revealed tenderness to palpation to the bilateral knees. Patient's medications include Theramine, Gabadone, and Sentra. Patient is attending chiropractic and acupuncture. The patient is to remain off-work per treater report dated 12/20/14. ACOEM Guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. ODG-TWC, Knee and Leg (acute and chronic) Chapter, under Magnetic resonance imaging states: "soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI... Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. Treater has not provided reason for the request. Physical examination findings pertaining to the left knee are unremarkable. Treater has not provided X-ray of the left knee, nor discussed red flags or issues of concern. The request does not meet guideline indications. Therefore, the request for MRI of the Left knee IS NOT medically necessary.