

<b>Case Number:</b>	CM15-0013108		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/08/2009
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old female, who sustained an industrial injury on 8/8/09. The injured worker had complaints of lumbar spine and bilateral knee symptoms. The documentation noted that on 11/27/14 she fell on both her hands and knees due to her legs being weak. She wears a lumbar and bilateral hand brace. She states that the brace and the medications help with the pain. Straight leg raise test is positive on the left and negative on the right and she has spasms of the paralumbar. The diagnoses have included sprain, cervical. She has had a right stellate ganglion block with infusion of contrast agent and local anesthetic on 8/29/14; selective nerve root block at left L5 on 2/3/10; interbody fusion L4-5 on 6/7/10; left knee arthroscopy in 2013. According to the utilization review performed on 12/16/14, the requested MRI of the left knee has been non-certified. CA MTUS ACOEM, OMPG, Second Edition (2004), chapter 13, page 341-343 was used in the utilization review. The documentation noted on the utilization review that on a peer call with the physician the injured worker did not have any physical therapy services as an effort in conservative management.

### 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:** 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): 335.

**Decision rationale:** The applicant is a represented [REDACTED] beneficiary who has filed a claim for knee pain reportedly associated with an industrial injury of August 8, 2009. In a Utilization Review Report dated December 16, 2014, the claims administrator failed to approve a request for knee MRI imaging. The claims administrator referenced a progress note of November 10, 2014 and an associated RFA form of December 9, 2014 in its determination. The claims administrator noted that the applicant had a history of prior left knee arthroscopy in 2013 and a history of prior lumbar fusion surgery in 2010. The claims administrator stated that there was no evidence that the applicant had failed conservative therapy, despite the fact that the applicant was several years removed from the date of injury as of the date of the request. The applicant's attorney subsequently appealed. On November 10, 2014, the applicant reported ongoing complaints of neck, low back, and knee pain. The applicant exhibited a positive McMurray maneuver about the injured knee. The applicant also reported ancillary complaints of foot and wrist pain, it was acknowledged. The attending provider contended that the applicant's neck, low back, and left knee pain were all increased without any specific cause. The applicant exhibited an antalgic gait. Norco, Zanaflex, Cymbalta, Xanax, and Celebrex were endorsed. The applicant's work status was not clearly stated. A stellate ganglion block and knee brace were also sought. The attending provider stated that MRI imaging of the knee was being sought for the purpose of determining the source of the applicant's knee pain complaints. On December 10, 2014, the applicant again reported persistent complaints of low back and bilateral knee pain. The applicant was ambulating with the aid of a cane. The applicant was asked to obtain a left ankle MRI, stellate ganglion block, and left knee brace. The applicant was seemingly placed off of work, on total temporary disability, until the next office visit. REFERRAL QUESTIONS: 1. No, the proposed knee MRI is not medically necessary, medically appropriate, or indicated here. The applicant's presentation is suggestive of meniscal pathology. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscus tear, as is apparently suspected here, ACOEM qualifies this recommendation by noting that such imaging is indicated only if surgery is being considered or contemplated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the injured knee based on the outcome of the study in question. The fact that multiple body parts were implicated, including the knees, wrists, spine, etc., reduced the likelihood of the applicant's acting on the results of the proposed knee MRI and/or considering surgical intervention based on the outcome of the same, as to the fact that MRI studies of the knee and ankle were ordered on consecutive office visits. Therefore, the request was not medically necessary. REFERENCES: ACOEM Practice Guidelines, Chapter 13, Table 13-2, page 335.