

<b>Case Number:</b>	CM15-0110836		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Florida, 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 54 year old male with an industrial injury dated 05/30/2014. The injured worker's diagnoses include right knee meniscal tear, right knee chondromalacia, left knee meniscus tear and left hip labral tear. Treatment consisted of diagnostic studies, prescribed medications, right knee steroid injection, 6 sessions of physical therapy and periodic follow up visits. In a progress note dated 04/21/2015, the injured worker reported pain in the bilateral knees, left hip, and left ankle. The injured worker rated left knee pain a 1/10. Left knee exam revealed tenderness to palpitation along medial and patella facet, medial joint line and lateral joint line. The treating physician prescribed services for MRI (Magnetic Resonance Imaging) of the left knee now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) 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 (ODG), Treatment in Workers Compensation (TWC), 2015, Online Version: Indications for Imaging - Magnetic Resonance Imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Magnetic Resonance Imaging (MRI), left knee.

**Decision rationale:** This claimant was injured in 2014. There was a right knee chondromalacia and meniscal tear. There is medial joint line tenderness. There had been six sessions of therapy. The MTUS does not address repeat advanced imaging for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. The Agreed Medical Examiner noted the prior MRI demonstrated the presence of chondromalacia and intrasubstance degeneration of the medial meniscus. A diagnosis and source of the knee symptoms was clearly identified. Also, it noted that claimant was not a surgical candidate and it was unlikely his condition would change. In this context, it is not clinically clear what would be gained with another knee MRI. The request was appropriately non-certified under evidence-based criteria. The request is not medically necessary.