

<b>Case Number:</b>	CM15-0113595		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	12/23/1998
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 66 year old male, who sustained an industrial injury on 12/23/1998. The medical records submitted for this review did not include the details regarding the initial injury or the prior treatments to date. Diagnoses include right shoulder chronic impingement, rule out meniscal pathology, right knee, left knee pain, and multilevel cervical degenerative disc disease. Treatments currently include hydrocodone, cyclobenzaprine, pantoprazole, naproxen and Ambien. Currently, he complained of increasing right knee pain rated 7/10 VAS in addition to pain in the left shoulder, neck, low back, left knee and right shoulder. On 4/24/15, the physical examination documented tenderness of bilateral knees at the medial aspect with crepitation noted with range of motion. There was tenderness to the right shoulder with atrophy of the right deltoid and a positive impingement sign. There was tenderness of the cervical spine with limited range of motion noted. The treating diagnoses included rule out meniscal pathology of the right knee. The plan of care included obtaining a right knee MRI between 4/24/15 and 8/2/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg (acute and chronic), MRI's.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

**Decision rationale:** ACOEM Guidelines state that relying only on imaging studies to evaluate the source of knee pain may carry significant risk of diagnostic confusion. The ODG states that MRI of the knee is recommended when x-rays are negative, joint effusion is present or internal derangement is suspected. This patient's date of injury was in 1998. He has multiple orthopedic complaints, including bilateral knee pain. There is no evidence of locking or giving way of the knee, no swelling of the knee and no instability reported by the patient. Physical examination of the knee is positive only for tenderness along the medial aspect of the knee. There are no positive signs of internal derangement such as a McMurray's sign, anterior/posterior drawer sign, knee effusion or other positive physical exam findings. Plain x-rays have also not been submitted. Given the patient's age and bilateral knee symptoms, consideration should be given to possible osteoarthritis as the source of the patient's knee pain. Therefore, both on history and physical findings and lack of x-ray findings, the medical necessity of an MRI of the knee is not established. The request is not medically necessary.