

<b>Case Number:</b>	CM15-0117080		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Emergency 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 57 year old male who sustained a work related injury February 18, 2009. Past history included right shoulder rotator cuff repair, left anterior cruciate ligament reconstruction with partial meniscectomy, and right knee arthroscopic partial meniscectomy. On April 3, 2015, the injured worker underwent drainage of 20 ml of serosanguinous fluid from the left knee and an injection of Kenalog and Lidocaine. An MRI of the right knee, dated April 16, 2015 (report present in medical record), revealed advanced medial compartment osteoarthropathy, chronic partial tearing and subluxation of the medial meniscus in association, lesser patellofemoral and medial compartment chondral wear, extensor mechanism enthesopathy, and deficient anterior cruciate ligament and chronically sprained posterior cruciate ligament. An x-ray of the bilateral hips, two views performed April 15, 2015 (report present in medical record), revealed advanced left hip arthritis, lesser arthritis on the right with notable femur head-neck junction asphericity. An MR Arthrogram, right hip performed April 16, 2015 (report present in medical record), revealed a torn acetabular labrum with large paralabral cyst and moderately advanced chondral loss in the hip. The most recent orthopedic physician's evaluation dated April 17, 2015, revealed no interval changes since last visit. His MRI of the right hip is consistent with the injured workers objective findings including pain. An orthopedic consultation performed March 23, 2015, found the injured worker with complaints of pain in the left and right knees, low back, and right hip. Past treatment included physical therapy, ice, and lying down which relieved some of his pain. Diagnoses are internal derangement of left and right knee;

discogenic lumbar condition with radicular component; torn acetabular labrum right hip. At issue, is the request for authorization of an MRI of the left knee, per 5/18/2015 order.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of left knee, without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria for left knee MRI for chronic knee pains with no proper documentation of prior conservative care or any sudden change in pain or objective findings. Pain is chronic and unchanged. Knee is stable. There is no rationale for MRI request provided. Most the discussion documented involve multiple other body parts. MRI of left knee is not medically necessary.