

<b>Case Number:</b>	CM15-0117095		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/09/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old man sustained an industrial injury on 4/9/2010. The mechanism of injury is not detailed. Diagnoses include cervical radiculopathy, lumbar disc protrusion, lumbar radiculopathy, and right knee chondromalacia of the patella. Treatment has included oral medications, physical therapy, aquatic therapy, surgical intervention, and home exercise program. Physician notes on a PR-2 dated 3/18/2015 show complaints of constant neck pain rated 9/10 with radiation to the bilateral upper extremities, low back pain rated 9/10 with radiation to the bilateral lower extremities with numbness and tingling, and right knee pain rated 6/10. The worker states his average pain is rated 8/10 without medications and 4/10 with medications. Recommendations include Norco, Terocin patch, topical compound medications, internal medicine evaluation, urology consultation, orthopedic spine surgeon consultation; continue aquatic therapy, home exercise program, and follow up in four to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (left knee):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work injury in April 2010 continues to be treated for chronic pain including bilateral knee pain. He was seen for an orthopedic evaluation on 05/07/13. He had a history of bilateral knee arthroscopic surgeries. He was having continued with bilateral knee pain with episodes of swelling, clicking, popping, and locking. He was unable to knee or squat and having difficulty negotiating stairs. Physical examination findings included bilateral medial and lateral joint line tenderness with patellar crepitus and tenderness. McMurray's testing was positive bilaterally. Guideline addresses the role of a repeat MRI scan of the knee after surgery, which is recommended if there is a need to assess a knee cartilage repair. In this case, the claimant has undergone bilateral arthroscopic knee surgery and has symptoms including locking and positive McMurray's testing consistent with meniscal pathology. Repeat knee surgery is being considered. The requested repeat MRI of the left knee is medically necessary for the planned care of this claimant.