

<b>Case Number:</b>	CM15-0128562		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	06/08/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 30 year old female, who sustained an industrial injury on 6/8/13. The injured worker was diagnosed as having knee pain and chondromalacia of the patella. Treatment to date has included physical therapy, medication, and left knee patella chondroplasty and lateral release. Physical examination findings on 5/1/15 included right knee range of motion from 0-150 degrees with no effusion. Exquisite lateral patellar facet tenderness and some evidence of patellar tilt were also noted. Currently, the injured worker complains of anterior right knee pain along the lateral border of the patella. The treating physician requested authorization for a MRI of the right knee and an x-ray including AP, lateral, sunrise, PA 0 and 30 degrees weight bearing of the right knee.

### 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 quantity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341 and 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter, magnetic resonance imaging.

**Decision rationale:** This patient presents with right knee pain. The current request is for MRI, of the right knee quantity. The RFA is dated 05/13/15. Treatment to date has included physical therapy, medication, and left knee patella chondroplasty and lateral release of the left knee (March 2015). The patient remains TTD through 07/20/15. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. ODG Guidelines chapter knee and leg on topic of magnetic resonance imaging, recommend MRIs for acute trauma and non-traumatic cases as well. ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. This patient is status post left knee surgery from March 2015. She presents complaining of some compensatory pain in her right knee with symptoms of anterior pain along the lateral border of the patella. She states that she did not have any pain in her right knee before she injured her left. Physical examination included right knee range of motion from 0-150 degrees with no effusion, but with lateral patellar facet tenderness and some evidence of patellar tilt. The plan of care for the right knee included an MRI and x-rays as "she has some lateral patellar tilt with chondromalacia of the patellofemoral joint" this has been exacerbated if not caused by the injury to her left knee. There is no evidence this patient has had an MRI of the right knee to date, and the patient presents with consistent pain to the affected joint. Given positive examination findings of palpable tenderness, some evidence of patellar tilt, and a lack of previous imaging of the right knee, an MRI could provide a clearer picture of this patient's underlying pathology. The request is medically necessary.

**X-ray including AP, lateral, sunrise, PA 0 and 30 degrees weight bearing, of the right knee quantity:** Upheld

**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 chapter, under X-ray.

**Decision rationale:** This patient presents with right knee pain. The current request is for X-ray including AP, lateral, sunrise, PA 0 and 30 degrees weight bearing of the right knee quantity. The RFA is dated 05/13/15. Treatment to date has included physical therapy, medication, and left knee patella chondroplasty and lateral release of the left knee (March 2015). The patient remains TTD through 07/20/15. ODG guidelines knee chapter, under X-ray states: "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age >55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have

the strongest supporting evidence". This patient is status post left knee surgery from March 2015. She presents complaining of some compensatory pain in her right knee with symptoms of anterior pain along the lateral border of the patella. She states that she did not have any pain in her right knee before she injured her left. Physical examination included right knee range of motion from 0-150 degrees with no effusion, but with lateral patellar facet tenderness and some evidence of patellar tilt. The plan of care for the right knee included an MRI and x-rays as "she has some lateral patellar tilt with chondromalacia of the patellofemoral joint" this has been exacerbated if not caused by the injury to her left knee". There is no indication of prior imaging of the right knee. Although the treater has provided documentation of positive findings on examination, the provider does not state the suspicion of a fracture with positive Ottawa knee criteria for which an X-ray would be appropriate. The request is not medically necessary.