

<b>Case Number:</b>	CM15-0173806		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/24/2009
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Arizona, California

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 69 year old male who sustained an industrial injury September 24, 2009, described as repetitive motion of the lower extremities. Past treatments included 18 sessions of acupuncture, trialed TENS (transcutaneous electrical nerve stimulation) unit, cortisone injections to both knees, 12 sessions of physical therapy, and an MRI of the lumbar spine. Past history included type II diabetes and depression. According to a treating physician's progress report dated July 27, 2015, the injured worker presented with complaints of lower back, left knee and right knee pain. The pain is rated 7 out of 10, described as sharp, shooting, and stabbing, and radiates to the upper back, middle back, lower back, left and right buttock, left and right hip, left and right thigh, and left and right knee. There is associated numbness, pins and needles, tingling and weakness. He reports his quality of sleep as poor. He is able to walk for one to two blocks, sit for an hour and stand for 15 minutes. He reports difficulty performing household chores, yard work, working, exercising and participating in recreational activities. Objective findings included; antalgic gait slowed and wide-based without the use of assistive devices; lumbar spine-loss of normal lordosis with straightening range of motion restricted with flexion to 60 degrees limited by pain, extension 15 degrees, right and left lateral bending 15 degrees limited by pain, left lateral rotation 10 degrees limited by pain and right lateral bending 10 degrees; paravertebral muscle spasms bilaterally; tenderness over L4-5; cannot heel or toe walk; lumbar facet loading positive on both sides; straight leg raise positive on both sides; tenderness over the sacroiliac spine; both knees range of motion is restricted with flexion limited to 90 degrees by pain and extension limited to 5 degrees by pain; tenderness to palpation over the lateral and medial joint lines. Diagnoses are pain in joint of lower leg; lumbago; sciatica; thoracic or

lumbosacral neuritis or radiculitis, not otherwise specified. At issue, is a request for authorization for an MRI of the bilateral knees. According to utilization review dated August 20, 2015, the request for (1) MRI of the Bilateral Knees between 08-17-2015 and 10-01-2015 is non-certified.

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

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

#### **1 MRI Bilateral knees: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic); MRIs.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter and pg 47.

**Decision rationale:** In this case, the claimant does have chronic pain and concern of both meniscal injury and ACL tear. The claimant has locking of both knees which warrant an MRI since such situations do not typically resolve conservatively and require surgery. As a result, the request for MRI of the knees is medically appropriate.