

<b>Case Number:</b>	CM15-0179163		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/15/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: 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 32 year old female, who sustained an industrial-work injury on 3-15-15. A review of the medical records indicates that the injured worker is undergoing treatment for right knee sprain, right knee contusion, persistent right knee pain rule out internal derangement status post mechanical fall 3-15-15, and moderate to severe exogenous endomorphism. Medical records dated (4-28-15 to 8-14-15) indicate that the injured worker complains of persistent right knee pain with twisting pivot, climbing stairs and rotating. She states that the right knee has improved because she is not working but she continues to have pain. The injured worker describes the pain as being moderate to severe. The pain is rated 8 out of 10 on pain scale and symptoms are constant. The symptoms are worse during or after activity and symptoms are aggravated by prolonged sitting, standing, bending, kneeling and walking. The symptoms are improved by no activity. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-14-15 the injured worker has returned to limited duty status work. The physical exam dated from (4-28-15 to 8-14-15) reveals that she is a moderately to severe endomorphic female, gait is antalgic on the right, right knee has 0-90 degrees of motion due to pain. The injured worker has hypersensitivity to minimal palpation of both knees on the inner aspect. There is no gross instability. The physician indicates, "I could not tell the effusion due to her size." There was right knee tenderness over the medial joint line and positive McMurray medially producing click and pain. Treatment to date has included pain medication including Ultram, Flexeril and Naprosyn, rest, off of work, activity modifications, diagnostics, and other modalities. X-Ray of the right knee 8-14-15 done in the physician office

reveals that the right knee is unremarkable and there is no arthritis. The request for authorization date was 8-27-15 and requested service; services included MRI (magnetic resonance imaging) of the right knee. The original Utilization review dated 9-4-15 non-certified the request as the documentation does not reveal any knee laxity or instability or cartilage-meniscus internal derangement. Therefore, the guideline criteria are not met for right knee Magnetic Resonance Imaging (MRI).

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

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

**MRI (magnetic resonance imaging) of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ACOEM 2013, Knee disorders, Clinical measures; ACOEM 3rd Ed (2011), page 475, Diagnostic Investigations, MRI Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over-diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRI's are superior to arthrography for both diagnosis and safety reasons. Table 13-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The patient has the diagnoses of chronic right knee pain, right knee strain and contusion. The patient does have joint line tenderness and a positive Mc Murray; however has no gross instability on exam. There are no red flag signs documented. Therefore, the request is not medically necessary.