

<b>Case Number:</b>	CM15-0042305		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 35 year old male who sustained a work related injury November 21, 2011. According to a treating physician's office visit, dated January 14, 2015, the injured worker presented with ongoing pain of the right knee and right elbow. Physical examination of the right knee revealed a palpable mass over the anterior aspect of the knee with radiation of pain down to the proximal lateral calf. There is a constant throbbing pain of the posteromedial aspect of the elbow at the operative site (unspecified as to procedure). Diagnoses included prepatellar bursitis and lesion of the ulnar nerve. Treatment plan included a request for an MRI of the right knee, continue medication, activity modification, and continue exercise and behavioral pain management visits for anxiety and depression due to chronic pain.

### 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:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, MRI.

**Decision rationale:** According to the 01/14/2015 report, this patient presents with constant pain at the anterior aspect of the knee that is aching, throbbing, and numbness. The current request is for "repeat" MRI of the right knee. The request for authorization is not included in the file for review. The patient's work status is "TTD until 3/2/15". The Utilization Review denial letter states there is "lack of evidence to suggest a significant change in condition or worsening of internal derangement to warrant repeat MRI". MTUS and ACOEM Guidelines do not address repeat MRI; however, ODG Guidelines state "Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended (Weissman, 2011)". Based on the provided medical records, the treating physician states the patient "last MRI scan was on 5/29/13, and at this time he requires a follow up MRI scan... once approval has been received. The goal is to determine the condition of the knee so that at the time that the operation is undertaken all of the available information is known, and appropriate arrangements can be made to do the appropriate surgery". In this case, review of reports does not show that the patient will have surgery soon. It is not known if surgery is authorized; furthermore, ODG guidelines only support "Post-surgical" repeat MRI to assess knee cartilage repair tissue. Therefore, this request IS NOT medically necessary.