

<b>Case Number:</b>	CM15-0047715		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	11/02/2005
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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:

This 63 year old male sustained a work related injury on 11/02/2005. Diagnoses included lumbosacral radiculopathy, knee tendinitis/bursitis and osteoarthritis not otherwise specified unspecified site. A MRI of the right knee revealed osteoarthritic changes of the medial compartment with a large tear of the posterior horn and body of the anterior horn of the medial meniscus. Chondromalacic changes were seen as well. The option of surgical intervention of the right knee was offered but was declined by the injured worker. On 01/27/2015, the injured worker experienced bilateral knee pain due to cold weather and increase in activity level. He was experiencing catch, locking and instability bilaterally, worse on the right than the left. He reported having 2 arthroscopies on the left knee. Previously bilateral total knee arthroplasty was recommended. He received an intraarticular injection in the left knee and was referred to a knee specialist. According to a progress report dated 02/24/2015, the injured worker was seen by the knee specialist and was considering bilateral knee arthroplasties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee MRI with intra-articular contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter under MRI's (Magnetic Resonance Imaging).

**Decision rationale:** The 63 year old patient presents with left knee pain. The patient reports experiencing catch, locking and instability. The request is for a LEFT KNEE MRI WITH INTRA-ARTICULAR CONTRAST. There is no RFA provided and the patient's date of injury is 11/02/05. The diagnoses included knee tendinitis/bursitis and osteoarthritis unspecified site. Per 01/27/15 report, physical examination revealed well-healed incisions at the site of the previous arthroscopic interventions. There is patellar crepitus on flexion and extension with medial joint line tenderness and positive McMurray's test. The patient is temporarily totally disabled. ACOEM Guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. ODG-TWC, Knee & Leg Chapter under MRI's (Magnetic Resonance Imaging), states: "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." The guidelines also state that "In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard." ODG states that an MRI is reasonable if internal derangement is suspected. Regarding MR arthrography, ODG guidelines "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%." Per 01/27/15 report, treater requests for the MRI by stating, "The patient has not had an updated MRI study following surgical intervention to the left knee and we feel it is warranted in order to allow the knee specialist to make appropriate recommendations." The patient has undergone 2 arthroscopies to the left knee and upon physical examination, treater reported "well-healed incisions at the site". Per same report, the patient was referred to a knee specialist and although there is no approved surgical intervention at this time, given the patient's post-operative state with continued symptoms, an updated MRI does appear consistent with ODG guidelines. The request IS medically necessary.