

<b>Case Number:</b>	CM15-0061079		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 46 year old male sustained an industrial injury to the head, neck, back, bilateral thighs and bilateral elbows on 1/16/13. Previous treatment included magnetic resonance imaging, left knee partial meniscectomy, right shoulder arthroscopy, physical therapy, acupuncture, chiropractic therapy, sling, epidural steroid injections, heat, ice, home exercise and medications. In a visit note dated 2/27/15, the injured worker complained of pain 7/10 to the neck, right shoulder, abdomen, back, left knee, left leg and head. The injured worker also reported poor sleep, depression, lack of concentration, fatigue and irritability. Current diagnoses included lower leg joint pain, shoulder joint pain, shoulder arthropathy, cervicalgia, lumbar spine or thoracic spine neuritis or radiculitis, sleep disturbance and contusion of chest wall. The treatment plan included continuing acupuncture and chiropractic therapy, continuing ice, heat, home exercise and medications (Omeprazole, Senna, Terocin patch, Norco and Fenoprofen Calcium), an orthopedic consultation for the right shoulder, magnetic resonance imaging left knee and a knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI without contrast left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2012, ODG; Knee MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334-335. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee, MRI?s (magnetic resonance imaging).

**Decision rationale:** Per MTUS MRI of the knee is indicated only for meniscus tear if surgery is being considered, ligament tears of the knee for confirmation, or patellar tendinitis if surgery is being considered. Per ODG indications for MRI of the knee are as follows: Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected, Non-traumatic knee pain, adult - non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement. Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. In this case the patient underwent MRI of the left knee in march 2013. There is no documentation of significant changes in the patient's condition since the study was performed and there are no red flags. There is no indication for repeat MRI. The request should not be authorized and is not medically necessary.