

<b>Case Number:</b>	CM15-0062405		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	04/12/1996
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 62 year old female who sustained an industrial injury on April 12, 1996. Prior treatment includes physical therapy, medications, arthroscopy and partial meniscectomy of the left knee. Currently the injured worker complains of left knee pain. Diagnoses associated with the request include post-traumatic osteoarthritis of the left knee. Her treatment plan includes knee replacement, medications, and MRI of the long leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the left long leg (hip, knee and ankle) as an outpatient for submitting diagnosis of lumbar degenerative disc disease, lumbar facet arthropathy, and left knee osteoarthritis:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 343.

**Decision rationale:** This 62 year old female has complained of left knee pain since date of injury 4/12/96. She has been treated with left knee surgery, physical therapy and medications. She has been approved for an upcoming total left knee replacement surgery. The current request is for MRI for the left long leg (hip, knee and ankle) as an outpatient for submitting diagnosis of lumbar degenerative disc disease, lumbar facet arthropathy, and left knee osteoarthritis. The available medical records do not document the provider rationale for obtaining the requested specialized MRI over obtaining a traditional left knee MRI. On the basis of the available medical documentation and per the ACOEM guidelines cited above, MRI for the left long leg (hip, knee and ankle) as an outpatient for submitting diagnosis of lumbar degenerative disc disease, lumbar facet arthropathy, and left knee osteoarthritis is not medically necessary.