

<b>Case Number:</b>	CM15-0072790		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	06/05/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 56 year old female, who sustained an industrial injury on June 5, 2011. She reported onset of a "funny feeling" in the right hand and wrist while using a wire to cut a wheel of cheese. The injured worker was diagnosed as having lumbar region disc disorder, right shoulder internal derangement, right knee osteoarthritis, ACL/PCL tear of the right knee, tear of lateral cartilage or meniscus of the right knee, status post right hand surgery, and anxiety and depression. Treatment to date has included cardio-respiratory diagnostic testing, MRIs, right thumb cortisone injections, right hand surgery, right knee surgery, physical therapy, home exercise program (HEP), bracing, and medication. Currently, the injured worker complains of frequent mild pain in the right hand, frequent mild to moderate pain in the lumbar spine with radiating numbness and tingling along the posterior right leg, and frequent mild to moderate pain in the right knee with clicking and giving way of the right knee and loss of balance. The Primary Treating Physician's report dated December 1, 2014, noted the injured worker was performing home based exercises which helped alleviate her symptoms. Physical examination was noted to show mild to moderate tenderness to palpation over the paraspinal on the left, with positive Kemp's test on the left. Mild to moderate tenderness to palpation was noted over the medial joint line and quadriceps of the bilateral knees, with positive McMurray's internal rotation of the right knee. Dermatome evaluation was noted to reveal hypoesthesia in C6 on the left and L3 on the right. The treatment plan was noted to include prescribed medications Tramadol and FCL and request for authorization for a lumbar spine and right knee MRI.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (magnetic resonance imaging).

**Decision rationale:** ACOEM notes special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation and 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. The treating physician does not detail the failure of conservative treatment or the treatment plan for the patient's knee. Medical notes indicate that the patient is undergoing home therapy and the December 1, 2014 physician's report noted the home based exercises helped alleviate her symptoms. ODG further details indications for MRI: 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 antero-posterior 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 antero-posterior, 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 antero-posterior 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 antero-posterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). 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. The patient's injury is from 2011 and received an MRI on 08/2013. The treating physician does not indicate additional information that would warrant a repeat MRI of the knee, such as post-surgical knee assessment, re-injury, or other significant change since last MRI. The ODG guidelines advise against routine repeat MRI. As such, the request for MRI Right Knee is not medically necessary.