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| <b>Case Number:</b>   | CM15-0073114 |                              |            |
| <b>Date Assigned:</b> | 04/23/2015   | <b>Date of Injury:</b>       | 08/11/2000 |
| <b>Decision Date:</b> | 05/21/2015   | <b>UR Denial Date:</b>       | 03/16/2015 |
| <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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial injury on 08/11/2000. She has reported injury to the bilateral knees. The diagnoses have included sprain/strain of the right knee with medial meniscus tear; and sprain/strain of the left knee with status post arthroscopy, partial medial meniscectomy. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Vicodin and Ibuprofen. A progress note from the treating physician, dated 02/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of bilateral knee pain, worse on the left; left knee pain is increasing; and pain is rated at 8/10 on the visual analog scale. Objective findings included tenderness over the medial joint of the left knee, and over the bilateral popliteal spaces with some thickening in the popliteal space; crepitus in the left knee when performing patellofemoral compression; and decreased range of motion. The patient has had positive McMurray's test on left knee. The treatment plan has included the request for MRI of left knee. The patient has had MRI of the left knee on 2/25/15 that revealed medial meniscus tear. Any diagnostic imaging report was not specified in the records provided. Any operative note was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343: Table 13-5. Ability of Various Techniques to Identify and Define Knee Pathology and Page 341: Special Studies and Diagnostic and Treatment Considerations.

**Decision rationale:** MRI of left knee. Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most 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 a history of acute trauma, radiography is indicated to evaluate for fracture." Any of these indications for knee MRI were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. The history or physical examination findings do not indicate red flags such as cancer or infection. A recent left knee X-ray report is not specified in the records provided. A plan for an invasive procedure of the left knee was not specified in the records provided. The patient has had a MRI of the left knee on 2/25/15 that revealed medial meniscus tear. Rationale for repeating a left knee MRI was not specified in the records provided Any significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided. Any diagnostic imaging report was not specified in the records provided. The medical necessity of the request for MRI Left Knee is not fully established in this patient.