

<b>Case Number:</b>	CM15-0073700		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 46-year-old female who sustained an industrial injury on 8/15/07. Injury occurred while she was working as an LVN and pivoted on her right leg to reach for a blood kit. She underwent seven right knee surgeries from 11/15/07 to 1/15/10, including right total knee replacement on 11/12/09. The 12/10/08 left knee MRI showed degenerative changes of the posterior medial meniscus. The injured worker reported increased right knee pain and intermittent swelling after a fall on 1/9/14 in which she hit her right knee on the floor. The 2/17/15 treating physician report cited bilateral knee pain and weakness. Physical exam documented left range of motion 0-130 degrees, trace effusion, no instability, medial joint line tenderness, positive McMurray's, and positive compression/rotation test. Right knee exam documented range of motion 0-95 degrees, negative Lachman's, and stable varus and valgus stress. The diagnosis was status post right knee arthroplasty and possible left knee medial meniscus tear. The treatment plan recommended a left knee MRI to rule-out medial meniscus tear and a whole body scan to evaluation for her right knee prosthesis loosening. The 3/31/15 treating physician report cited intermittent grade 6/10 bilateral knee pain, with complaint that her knees were giving out more frequently without failing. The 4/7/15 utilization review non-certified the request for left knee MRI as there were findings on the prior MRI and no indication of what symptoms had worsened since the prior study to support a new study. The request for a whole body bone scan was not supported as there was no documentation of negative radiographs or indication of hardware loosening.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left knee:** 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): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: MRIs.

**Decision rationale:** The California MTUS guidelines state that most knee problems improve quickly once any red-flag issues are ruled-out. 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 Official Disability Guidelines indicate that repeat MRI are generally indicated post-surgery to assess knee cartilage repair. In general, MRI is support if radiographs are non-diagnostic and additional studies are indicated, and internal derangement is suspected. Guideline criteria have been met. This patient presents with persistent left knee pain with give way weakness. Clinical exam findings are suggestive of internal derangement. Prior imaging was documented in 2008. A repeat MRI seems reasonable to assess for internal derangement based on history of a fall. Therefore, this request is medically necessary.

**Whole Body Bone Scan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee/Leg, Bone scan (Imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Bone scan (imaging).

**Decision rationale:** The California MTUS guidelines do not provide specific recommendations for bone scans. The Official Disability Guidelines recommend bone scan (imaging) after total knee replacement if pain caused by loosening of implant is suspected. In pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. Guideline criteria have not been met. There is no documentation that plain radiographs were taken and were negative for loosening, or that an aspiration for infection was performed and was negative. Therefore, this request is not medically necessary at this time.