

<b>Case Number:</b>	CM15-0074744		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/29/2002
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 68 year old male, who sustained an industrial injury on 8/29/2002. The medical records did not include documentation regarding the initial injury. Diagnoses include left knee osteoarthritis and status post great toe surgery. Treatments to date include activity modification, medication therapy, cortisone injection, and knee brace. Currently, he complained of progressive knee pain with no pain relief from previous cortisone injection. On 3/12/15, the physical examination documented tenderness to palpation with slight swelling and moderate crepitation, antalgic gait ROM 0-115-120 degree. The plan of care included obtaining an MRI of the left knee for patient specific instrumentation for total knee replacement, total knee replacement and associated services including polar care unit rental. The patient sustained the injury due to cumulative trauma. The patient has had X-ray of the left knee that revealed varus deformity and osteoarthritis. The date and detailed X-ray report was not specified in the records provided. The patient's surgical history includes left knee arthroscopy on 4/8/03. The patient has used a knee brace for this injury. The patient had received a corticosteroid injection for this injury. The medication list includes NSAID and Glucosamine. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective: MRI- of the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment for Workers Compensation, Online Edition, Chapter, Knee and Leg.

**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:** Request: MRI- of the 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. A detailed knee exam including tests for internal derangement like the Mc Murrays test, anterior drawer test and tests for instability were not specified in the records provided. A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Patient did not have abnormal findings in the physical examination suggestive of significant internal derangement. The history or physical examination findings do not indicate pathology including cancer, infection, or other red flags. The date and detailed radiology report of the X-ray of the left knee was not specified in the records provided. A plan for an invasive procedure of the left knee was not specified in the records provided. The medical necessity of the request for MRI- of the Left Knee is not fully established in this patient. Therefore is not medically necessary.