

<b>Case Number:</b>	CM15-0096521		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	11/06/1991
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: California

Certification(s)/Specialty: Internal 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 53-year-old male, who sustained an industrial injury on 11/05/1991. Diagnoses include knee/lower leg degenerative joint disease arthritis, muscle spasm, internal derangement of knee, hemarthrosis lower leg and knee/lower leg pain. Treatment to date has included diagnostics, multiple knee surgeries, medications including Norco, Elavil, Amitriptyline and Restoril and injections. Per the Supplemental Report on Pain Management Progress Report (PR-2) dated 3/31/2015, the injured worker reported bilateral knee pain. Pain is currently reported as 9/10 without medication. With medications, pain is decreased by 60%. Physical examination revealed trigger point/spasms in hamstrings extending into buttock on the left and quadriceps bilaterally, illicit twitch. There was moderate tenderness to the superior joint line on the medial and inferior aspect of the left knee, the right knee was non-tender to touch. Ranges of motion of the left knee were guarded upon flexion and extension, with crepitus and diffuse edema noted. The plan of care included diagnostics and authorization was requested for magnetic resonance imaging (MRI) of the left knee.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336, 341, 343-345, 346-347. Decision based on Non-MTUS Citation ACOEM 3rd Edition Knee disorders 2011 <http://www.guideline.gov/content.aspx?id=36632>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false- positive test results). MRI test is indicated only if surgery is contemplated. ACOEM Table 13-6 indicates that MRI is recommended to determine extent of ACL anterior cruciate ligament tear preoperatively. Table 13-6 does not recommend MRI for other knee conditions. The pain management progress report dated 04-28-2015 documented history of chronic bilateral knee pain. He has a history of meniscal tears and osteoarthritis status posts multiple knee arthroscopies bilaterally. He has had six surgeries on the left and two on the right. The patient had injection in his left knee and this provided him with some relief. Physical examination demonstrated that the patient is well developed and well nourished. Patient is alert and oriented. There is no apparent loss of coordination. Motor strength is grossly normal. Lower extremity sensation grossly intact. Gait antalgic. Trigger point and spasms in hamstrings extending into buttock on the left and quads bilaterally. Knees demonstrate moderate tenderness of the superior joint line on the medial and inferior aspect of his left knee, better than last month but still tender. Right knee is non-tender to touch today. Range of motion in left knee guarded but better with flexion and extension today since last month's injection. Right knee still with fairly well preserved range of motion. Crepitus noted no heat. Diffuse edema left knee. The patient has continuing chronic bilateral knees status post multiple surgeries bilaterally with associated myofascial pain. He was doing very well with the Norco 10/325 mg four times a day. No new injuries to the left knee were reported. The left knee is improved. The 4/8/15 progress report does not discuss the need for a repeat MRI of the left knee. Past MRI results were not documented in the 4/8/15 progress report. The 4/8/15 progress report does not establish the need for a repeat MRI of the left knee. ACOEM 3rd Edition (2011) indicates that MRI magnetic resonance imaging for routine evaluation of acute, subacute, or chronic knee joint pathology, including degenerative joint disease is not recommended. The request for a repeat left knee MRI is not supported by ACOEM guidelines. Therefore, the request for MRI of the left knee is not medically necessary.