

<b>Case Number:</b>	CM15-0097287		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: California, Indiana, New York  
 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 58-year-old male, who sustained an industrial injury on 06/02/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar spine disc rupture, left shoulder strain, and bilateral knee strain. Treatment and diagnostic studies to date has included medication regimen, physical therapy, use of a transcutaneous electrical nerve stimulation unit, home exercise program, magnetic resonance imaging of the lumbar spine, and status post facet epidural injection. In a progress, noted dated 03/06/2015 the treating physician noted continued complaints of low back pain that radiates to the bilateral legs with associated numbness and tingling. Examination reveals tenderness to the paraspinal muscles, tenderness to the lumbar facet at lumbar three through sacral one, decreased sensation to the bilateral lower extremity at the lumbar four to five dermatomes, decreased right knee reflex, and a positive straight leg raise. In a progress note dated 04/07/2015 the treating physician reports complaints of pain to the low back, left shoulder, and bilateral knees. The treating physician requested magnetic resonance imaging of the bilateral knees with no documentation of previous bilateral knee studies, but the documentation did not indicate the specific reasons for the requested studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, magnetic resonance imaging left knee is not medically necessary. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; non-traumatic knee pain, patellofemoral symptoms; non-traumatic knee pain initial antero-posterior and lateral radiographs are nondiagnostic. Repeat MRI; postsurgical MRIs if needed to assess knee cartilage repair tissue. In this case, the injured worker's working diagnoses are lumbar spine disc rupture; left shoulder strain; right knee strain; left knee strain; and other problems unrelated to current evaluation. Subjectively, the injured worker has complaints of low back pain, left shoulder and bilateral knee pain. The light touch sensation section of the physical examination section of a progress note dated April 7 2015, contains right mid anterior thigh, right mid lateral, and right lateral ankle are all intact. There is no physical examination of the right knee or left knee. There are no additional physical findings documented in the medical record. There is no clinical indication or rationale in the medical record for MRI left knee. Consequently, absent clinical documentation with objective clinical findings/physical examination of the left knee, magnetic resonance imaging left knee is not medically necessary.

**MRI (magnetic resonance imaging), Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, magnetic resonance imaging right knee is not medically necessary. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; nontraumatic knee pain, patellofemoral symptoms; nontraumatic knee pain initial antero-posterior and lateral radiographs are nondiagnostic. Repeat MRI; postsurgical MRIs if needed to assess knee cartilage repair tissue. In this case, the injured worker's working diagnoses are lumbar spine disc rupture; left shoulder strain; right knee strain; left knee strain; and other problems unrelated to current evaluation. Subjectively, the injured worker has complaints of low back pain, left shoulder and bilateral knee pain. The light touch sensation section of the physical examination section of a progress note dated April 7 2015, contains right mid anterior thigh, right mid lateral, and right lateral ankle are all intact. There is

no physical examination of the right knee or left knee. There are no additional physical findings documented in the medical record. There is no clinical indication or rationale in the medical record for an MRI right knee. Consequently, absent clinical documentation with objective clinical findings/physical examination of the right knee, magnetic resonance imaging right knee is not medically necessary.