

<b>Case Number:</b>	CM15-0098843		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: 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 57-year-old male, who sustained an industrial injury on 05/12/2010. MRI left knee on 12/8/14 demonstrates medial compartment arthrosis. According to a progress report dated 03/23/2015, the injured worker continued to have severe pain in his left knee with compensatory symptoms of the right knee. A total knee arthroplasty was planned. His exam remained unchanged with persistent synovitis, joint tenderness and pain with range of motion. He was using a Cam walker with severe antalgic gait and taking pain medications. The right knee remained tender with synovitis. The provider was requesting MRI again. It had not been done for his right knee to evaluate for intra articular pathology of that knee. The left knee was going to be treated first. On 04/08/2015, the provider requested authorization for a pre-operative MRI without contrast of the left knee. Documents submitted for review included imaging report for a MR of the lower extremity joint without contrast (left) dated 12/08/2014. According to a follow up visit dated 04/30/2015, the injured worker had a working diagnosis of significantly advanced degenerative joint disease both in medial and patellofemoral compartments. He had previous arthroscopy in 2013 where he was noted to have essentially bone-on-bone arthritis. His symptoms were worsening. Physical examination demonstrated varus angulation, tenderness to palpation in the medial compartment as well as patellofemoral compartment where there was patellofemoral grind and crepitus noted. There was effusion and antalgic gait. He had advanced findings in the medial and patellofemoral compartments that were supported by MRI and a previous arthroscopic report from June 2013 detailing advanced findings in the medial and patellofemoral compartments. The provider requested authorization for left knee total joint arthroplasty. Currently under review is the request for an associated surgical service: 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:

**Associated surgical service: MRI of the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-345.

**Decision rationale:** According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The clinical exam from 4/30/15 does not demonstrate a rationale why a repeat MRI is required. The MRI of the left knee from 12/8/14 demonstrates medial compartment arthrosis. The request for repeat knee MRI is therefore not medically necessary and appropriate.