

<b>Case Number:</b>	CM14-0103859		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/18/1994
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old female who reported an injury on 07/18/1994; the mechanism of injury was not provided. On 06/05/2014, the injured worker presented with increased symptoms to the right knee with recurrent joint swelling, popping, and giving way episodes of her knee. She had at least 27 past orthopedic operations and received narcotics to control symptoms for the last 25 years. She is currently on Fentanyl patches. Upon examination, there was effusion to the right knee and multiple scars around the right knee with crepitus with motion. The diagnoses were not provided. The provider recommended weight bearing AP lateral x-ray of the right knee, possible MRI of the right knee, and x-ray of the right knee sunrise views; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Bearing AP, Lateral X ray of the Right Knee:** Upheld

**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 rationale:** The request for Weight Bearing AP, Lateral X ray of the Right Knee is not medically necessary. California MTUS/ACOEM Guidelines state that most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis, and a history acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms and may carry significant risk of diagnostic confusion or 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. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The documentation states that the injured worker had been prescribed narcotic medication for more than 25 years; however, there was lack of documentation physical therapy or home exercises. As such, medical necessity has not been established.

**Possible MRI, Right Knee Report Dated 06/05/2014:** Upheld

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

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

**Decision rationale:** The request for Possible MRI, Right Knee Report Dated 06/05/2014 is not medically necessary. California MTUS/ACOEM Guidelines state that most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis, and a history acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms and may carry significant risk of diagnostic confusion or 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. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The documentation states that the injured worker had been prescribed narcotic medication for more than 25 years; however, there was lack of documentation physical therapy or home exercises. As such, medical necessity has not been established.

**X-Rays, Right Knee, Sunrise Views:** Upheld

**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 rationale:** The request for X-Rays, Right Knee, Sunrise Views is not medically necessary. California MTUS/ACOEM Guidelines state that most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis, and a history acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging

studies to evaluate the source of knee symptoms and may carry significant risk of diagnostic confusion or 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. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The documentation states that the injured worker had been prescribed narcotic medication for more than 25 years; however, there was lack of documentation physical therapy or home exercises. As such, medical necessity has not been established.