

<b>Case Number:</b>	CM14-0141504		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Occupational Medicine, 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:

This patient is a 46 year old female employee with date of injury of 10/4/2012. A review of the medical records indicate that the patient is undergoing treatment for joint pain in the left leg. Subjective complaints include constant sharp pain in right knee 7/8/10 (1/8/2014) 6/10 (3/7/2014), 6/7/10 (5/2/2014) 7/8/10 (6/20/2014) becoming worse when bending and reports cracking, popping and instability. Objective findings include an MRI performed on 12/15/2012 which revealed normal findings. Exam on 1/8/2014 revealed tenderness at anteromedial and mid-medial; pain over patella femoral joint along with cracking, flexion 100 and extension 0; flexion 90, extension 0 with no medial of lateral ligament laxity (6/20/2014). Treatment has included home exercises, Advil, and unspecified medications (6/19/2013). List of previous medications include Norco, Mobic, Zanaflex from report dated 11/16/2012. The utilization review dated 8/13/2014 non-certified the request for one MRI of the Right Knee due to lack of rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI's (magnetic resonance imaging)

**Decision rationale:** ACOEM notes "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation" and "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (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." The treating physician does not detail the failure of conservative treatment or the treatment plan for the patient's knee. Medical notes indicate that the patient is undergoing home therapy, but also additionally notes that the home therapy exercises are not being conducted. ODG further details indications for MRI: -Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. -Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. -Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. -Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. -Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). -Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007). Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) The patient's injury is from 2012 and received an MRI on 12/2012, which was normal. The treating physician does not indicate additional information that would warrant a repeat MRI of the knee, such as post-surgical knee assessment, reinjury, or other significant change since last MRI. The ODG guidelines advise against 'routine' repeat MRI. As such, the request for MRI Right Knee is not medically necessary.