

<b>Case Number:</b>	CM14-0143960		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/11/2003
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/11/03 when he slipped and fell from a ladder. He sustained injuries including to both knees. He underwent bilateral knee arthroscopy in 2004 and a right total knee replacement in October 2010. He was seen on 06/10/14. He was having right knee pain. Physical examination findings were consistent with instability of the knee. Revision surgery was pending. Norco, Ultram, and Ambien were prescribed. On 07/29/14 he was having ongoing pain rated at 10/10. Physical examination findings included decreased range of motion and weakness. Medications were continued. Lidoderm was prescribed. Authorization for a repeat MRI was requested. A previous MRI had been done in 2006.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat 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 (ODG) Knee and Leg Procedure Summary Repeat MRIs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (Magnetic Resonance Imaging).

**Decision rationale:** The claimant is more than 10 years status post work-related injury and has undergone multiple right knee surgeries. Revision arthroplasty is planned. Guidelines address the role of a repeat MRI scan of the knee after surgery which is recommended if there is a need to assess a knee cartilage repair. In this case, the claimant has undergone a knee replacement and there is no cartilage issue. Therefore, the requested repeat MRI of the knee is not medically necessary.