

<b>Case Number:</b>	CM14-0112012		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old male, who sustained an industrial injury on 9-26-13. The diagnoses have included bilateral knee pre-patellar bursitis, bilateral knee anterior cruciate ligament (ACL) tear, bilateral knee meniscal derangement and left knee gastrocnemius tear. Treatment to date has included medications, activity modifications, diagnostics, chiropractic, physical therapy, off of work and other modalities. Currently, as per the physician progress note dated 5-28-14, the injured worker complains of dull, achy bilateral knee pain. The right knee pain is rated 6-7 out of 10 on the pain scale and the left knee pain is rated 7 out of 10 on the pain scale. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right knee dated 11-11-13 and Magnetic Resonance Imaging (MRI) of the left knee dated 11-11-13. The current medications included Ketoprofen cream, Cyclobenzaprine, Dicopanol, Deprazine, Fanatrex, Synapryn and Tabradol. The objective findings-physical exam of the bilateral knees reveals +2 tenderness of the medial and lateral joint line, +1 tenderness of the right patellofemoral joint, decreased range of motion, and positive McMurray's test bilaterally. The anterior -posterior drawer test and patellar grind is positive on the left. The physician requested treatments included Magnetic Resonance Imaging (MRI) Left Knee and Magnetic Resonance Imaging (MRI) of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Knee: Upheld**

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

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

**Decision rationale:** This claimant was injured in 2013. The diagnoses have included bilateral knee pre-patellar bursitis, bilateral knee anterior cruciate ligament (ACL) tear, bilateral knee meniscal derangement and left knee gastrocnemius tear. There have been past diagnostic studies. There is continued dull, achy bilateral knee pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right knee dated 11-11-13 and Magnetic Resonance Imaging (MRI) of the left knee dated 11-11-13. The MTUS does not address repeat advanced imaging for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. There were previous advanced studies of the knee, and there are no objective sign changes noted to suggest the need for a repeat. The request was not medically necessary and appropriately non-certified under evidence-based criteria.

**MRI Right Knee: Upheld**

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

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

**Decision rationale:** As shared previously, this claimant was injured in 2013. The diagnoses have included bilateral knee pre-patellar bursitis, bilateral knee anterior cruciate ligament (ACL) tear, bilateral knee meniscal derangement and left knee gastrocnemius tear. There have been past diagnostic studies. There is continued dull, achy bilateral knee pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right knee dated 11-11-13 and Magnetic Resonance Imaging (MRI) of the left knee dated 11-11-13. As shared previously, the MTUS does not address repeat advanced imaging for chronic knee pain situations. The ODG note in the Knee section for chronic knee issues that such studies can be done if initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion) or if internal derangement is suspected. No plain films are noted. Also, the knee had been previously studied, and no objective progression is noted since. The request is not medically necessary and appropriately non-certified.