

<b>Case Number:</b>	CM13-0011396		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 patient is a 53-year-old male who reported an injury on 12/21/2012 with the mechanism of injury being the patient fell off a Segway. The patient was noted to have an MRI on 12/27/2012, which showed an ACL tear and an MCL tear proximally to the lateral meniscus and possibly some chondral myalgia about the lateral femoral condyle. The request was made for an MRI to evaluate the collateral ligament.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left knee on 3T:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter, Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter

**Decision rationale:** repeat MRIs of the knee are performed to assess a patient's knee cartilage repair tissue postsurgically. The clinical documentation submitted for review failed to provide the necessity for a repeat MRI as it was noted the patient wanted it to assess the ligament. Given the above, the request for an MRI of the left knee on 3T is not medically necessary.

