

<b>Case Number:</b>	CM13-0024722		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/25/2001
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 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 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.

### 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 applicant is a represented former [REDACTED] Clerk who has filed a claim for chronic low back, knee, and ankle pain reportedly associated with an industrial injury of July 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; lumbar epidural steroid injections; trigger point injections; SI joint injections; transfer of care to and from various providers in various specialties; adjuvant medications; a lumbar support; and extensive periods of time off of work. In an August 9, 2013, Agreed Medical Evaluation, it is stated that the applicant ceased work in September 2009 after falling. It is stated that the applicant has psychological issues clouding her medical picture. In a September 10, 2013 utilization review report, the claim's administrator denies knee MRI on the grounds that there is no evidence that the applicant has had x-ray studies, which could theoretically establish the diagnosis of knee arthritis. An earlier August 28, 2013 progress note is notable for comments that the applicant does have persistent knee pain with crepitation, joint tenderness, locking, and catching, moderate to severe. This note, somewhat incongruously, states that the applicant has returned to work. Swelling, positive McMurray maneuver, joint line tenderness, and surgical scarring are appreciated with normal knee range of motion noted. Recommendations are made for the applicant to obtain a knee MRI and obtain MRI imaging to evaluate the integrity of the meniscus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Practice Guidelines  
Page(s): 341-342.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 13, table 13-2, some of the unique signs of a meniscal tear are catching and/or locking of the knee. The applicant does have these symptoms evident here. MRI imaging can be employed to confirm the diagnosis of the suspected meniscal tear. In this case, all of the evidence on file does seemingly point to symptomatic meniscal tear for which surgical intervention may be indicated, given the chronicity of applicant's issues and complaints. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.