

<b>Case Number:</b>	CM13-0037425		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/26/2011
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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. 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 34 year old male who had an injury to his right knee on March 26, 2011. The patient had surgical meniscal repairs of the right knee on September 16, 2011 and January 21, 2013. The patient reports increase in symptoms as of 7/25/13 when he was pushing a cart up a hill while pulling other carts. People the sharp pain in his left knee. The patient still has ongoing knee pain. He rates the pain is five out of 10; while sitting, twisting, resting and icing. He has positive findings on exam as 9/24/2013 including McMurray's test. It appears the patient has had continuous pain in the knee, but no apparent increase in symptoms. The patient had an MRI on 9/19/13 that shows meniscal tear of the posterior horn of medial meniscus extending to the inferior articular surface. There is a small area of bone edema in peripheral medial tibial plateau.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

**Decision rationale:** MTUS discusses MRI of the knee in ACOEM knee chapter page 335 and states MRI is useful for meniscal tear. MTUS does not address repeat MRI. ACOEM 3rd edition states that repeat MRI without significant clinical deterioration in symptoms and/or signs is also not recommended. There is evidence the patient had a new and further injury to the knee on 7/2013. This is after his surgery in 1/2013. The patient has a significant clinical picture at the time of the request. The patient has significant pain, positive exam findings and a new incident. Therefore, the MRI done on 9/19/13 is appropriate. Repeat MRI after 9/19/13 is not appropriate.