

<b>Case Number:</b>	CM13-0041918		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 45 year old male with complaints of bilateral knee pain following an injury on 03/14/2013. The patient reported that his right knee bent backward. The patient had an MRI of the right knee on 05/01/2013 with impression of high-grade strain versus partial tear of the proximal posterior cruciate ligament, strain of the proximal fibular collateral ligament, status post anterior cruciate ligament graft without evidence of tear or abnormality, cartilage fissuring of the patella, small focus marrow edema of lateral femoral condyle, likely related to small focus of bone contusion versus reactive edema and tendinosis of the distal quadriceps tendon. The patient was noted as being treated with orthovisc injections as documented on 09/25/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3T MRI of the right knee without contrast to rule out lateral meniscus tear:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 341,343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2013, Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The request for 3T MRI of the right knee without contrast, to rule out lateral meniscus tear, is non-certified. The patient had an MRI on 05/01/2013 following complaints of knee pain due to an injury. There was no additional trauma to the patient's right knee following the MRI submitted for review. ACOEM guidelines recommend the use of MRIs in knee injuries to aid in diagnosis. There was no significant change submitted for review to the patient's condition to warrant the need for an additional MRI of the right knee. Given the information submitted for review the request for 3T MRI of the right knee without contrast to rule out lateral meniscus tear is non-certified.