

<b>Case Number:</b>	CM13-0048802		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Illinois. 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 female who reported an injury on 03/27/2013 after a desk collapsed on top of her, which reportedly caused injury to her left knee. The patient was initially treated with physical therapy and medications. The patient underwent an MRI in 06/2013 that revealed degenerative changes to the medial meniscus with moderately advanced chondromalacia of the patella. The patient's most recent clinical evaluation revealed that the patient had continued knee pain and mechanical complaints. The physical findings included post medial joint line tenderness, a positive McMurray's sign, and positive tibial rotation pain. The patient's diagnoses included a probable tear of the left medial meniscus. The patient's treatment plan included a corticosteroid injection and an additional MRI.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 303.

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

**Decision rationale:** The requested MRI of the left knee is not medically necessary or appropriate. Official Disability Guidelines do not support the need of routine MRIs unless there is a significant change in pathology and a repeat MRI would contribute to a change in the patient's treatment planning. The clinical documentation submitted for review does provide evidence that the patient recently underwent an MRI of the left knee that revealed degenerative changes to the medial meniscus. The clinical documentation submitted for review does not provide any evidence of a significant change in the patient's clinical presentation to support the need for another MRI. As such, the requested MRI of the left knee is not medically necessary or appropriate.