

<b>Case Number:</b>	CM13-0049499		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas, New Mexico and Nebraska. 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 expert 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 50 year old male who was injured on 04/20/2012 while picking up a branch, fell backwards, landing on his buttocks and twisted his left knee. Prior treatment history has included acupuncture, steroid injection, and chiropractic care. Diagnostic studies reviewed include MRI right knee dated 05/24/2012 revealing a large complex tear of the posterior horn of the medial meniscus. No ligamentous injury, no evidence of stress fracture or arthritis. An MRI of the right knee dated 09/12/2013 revealed an oblique tear of the posterior horn of the medial meniscus extending to the inferior articular surface. There was an oblique tear of the anterior horn of the medial meniscus extending to an inferior articular surface. PR-2 dated 06/28/2013 documented the patient with documented complaints of constant knee popping (locking) and instability. The pain rated at 7/10 of the right knee. The patient has trouble climbing stairs. The treatment plan includes request of x-ray of right knee, pain meds, and acupuncture 2 x 4 weeks. PR-2 dated 08/09/2013 documented the patient with complaints of right knee pain 8/10 on pain scale. The pain is constant with popping (locking) and instability. The diagnosis is right knee pain rule out internal derangement. The treatment plan includes MRI right knee, creams dispensed, continue acupuncture and DME.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI RIGHT KNEE:** Upheld

**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): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** As per the California MTUS guidelines and ODG, Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. In this case, this patient's subjective complaints were right knee pain of 8/10 which is constant with popping/locking/instability. There was a previous MRI done in May 2012 that showed large complex tear of the posterior horn of the medial meniscus with no ligamentous injury, stress fracture or arthritis. The provider has requested MRI of the right knee to rule out internal derangement. However, there is no documentation of objective findings to determine the need for a repeat MRI. Thus, the medical necessity has not been established, and the request is non-certified.