

<b>Case Number:</b>	CM13-0057096		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/28/2013
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 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 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 claimant is a 49-year-old female who sustained injuries to the bilateral knees in a work related accident on September 28, 2013. The records for review included a clinical assessment on December 17, 2013 by [REDACTED] who documented continued complaints of bilateral knee pain since the work related injury and minimal improvement with conservative care. The claimant was referred to orthopedic provider, [REDACTED]. Follow-up report by [REDACTED] dated January 15, 2014 documented ongoing complaints of pain in the knees despite conservative measures. Physical examination of the left knee showed restricted range of motion, tenderness of the medial joint line with effusion and lateral tenderness. There was no documentation of physical examination findings of the claimant's right knee. Working diagnoses on that date was left knee pain with internal derangement, rule out meniscal tear. Radiographs of the left knee were noted to be normal. An MRI scan was recommended at that time for further assessment of the claimant's left knee related complaints. This request is to address bilateral knee MRI's.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Bilateral Knee MRI's:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS ACOEM Guidelines recommend that special studies such as an MRI are not necessary until a period of conservative care has been provided to address symptoms and the symptoms continue to exist with objective findings on examination. The request for this review is to address bilateral knee MRI's which cannot be supported. The medical documentation provided for review does not contain any objective findings pertaining to the right knee. There are however, objective findings to support an MRI of the left knee. While an MRI of the left knee would be recommended, this request is for bilateral knee MRI's and cannot be supported in the absence of objective examination findings of the right knee. The specific request in this case, thus, would not be deemed medically necessary.