

<b>Case Number:</b>	CM13-0062995		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Physical Medicine & 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 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:

This male sustained an injury on 2/26/13. The request under consideration is an MRI of the left knee. Report of 11/4/13 from the provider noted patient with constant low back pain rated at 4-7/10, radiating to left lower extremity associated with numbness, tingling, and weakness in left foot. Medications list MS Contin 30mg and 60mg; Ambien; Ibuprofen; Roxicodone, and Soma. Exam noted left-sided antalgic gait; left knee exam with tenderness to palpation over medial joint line; mild effusion; positive McMurray's; restricted range of flex of 110 degrees with normal extension; left ankle with restricted Plantar Flexion (PF) and Dorsiflexion (DF) to 5 degrees by pain; motor exam showed left gastrocnemius with atrophy (no measurement); sensory showed dysesthesias and patchy distribution. Diagnoses included left foot pain and left knee pain. Request for MRI for the left knee was non-certified on 11/19/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LEFT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

**Decision rationale:** This male sustained an injury on 2/26/13. The request under consideration is an MRI of the left knee. Report of 11/4/13 from the provider noted patient with constant low back radiating pain to left leg rated at 4-7/10, associated with numbness, tingling, and weakness in left foot. There is no report of specific knee pain or acute trauma to the left knee. Exam showed tenderness with mild effusion and positive provocative testing; however, with normal extension without neurological deficits defined. Diagnoses included left foot pain and left knee pain without specific anatomical pathology for internal derangement or suspected acute cartilage or ligamentous disruption. There is no report of limitations in ADLs, function, or report of acute flare-up or new injury. Submitted reports have not demonstrated any failed conservative treatment trial. The patient exhibit unchanged low back symptom complaints. There is no x-ray of the left knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The MRI of the left knee is not medically necessary and appropriate.