

<b>Case Number:</b>	CM13-0063934		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/08/2013
<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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 39-year-old with a date of injury of November 19, 2011. A handwritten, not totally legible, and highly abbreviated progress report associated with the request for services, dated October 3, 2013, identified subjective complaints of neck and knee pain. Objective findings were not listed. Diagnoses included left knee internal derangement and lumbar disc disease. Previous treatment was not listed. Acupuncture and physical therapy was requested. A Utilization Review determination was rendered on November 8, 2013 recommending noncertification of "repeat MRI lt knee".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT MRI LT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (KNEE/LEG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

**Decision rationale:** The Knee Complaints Chapter of the ACOEM Practice Guidelines states that reliance on knee imaging to evaluate the source of knee symptoms may result in false positive test results. They do note that MRI is recommended to diagnose and determine the

extent of an ACL tear. They note that MRI is highly useful for the diagnosis of meniscus tears, ligament strains and tears, tendinitis, patella-femoral syndrome and prepatellar bursitis. The record in this case does not document the reason for repeat MRI. The request for a repeat MRI of the left knee is not medically necessary or appropriate.