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| <b>Case Number:</b>   | CM13-0066017 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 09/05/2013 |
| <b>Decision Date:</b> | 04/21/2014   | <b>UR Denial Date:</b>       | 12/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/16/2013 |

### 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 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 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 30-year-old male with a date of injury of 09/05/2013, mechanism of injury, the patient was picking raspberries when he stepped on a dirt clod or an unstable area of dirt and twisted his left knee slightly. The patient did not fall and the knee did not give way. The patient was seen on 01/13/2014 for a followup visit which the patient complained of intermittent moderate left knee pain. The patient noted temporary improvement with acupuncture treatment to the left knee. The patient has been authorized for PT but still has not started. Objective findings on exam, the physician noted left knee tenderness to palpation at the anterior and medial, motor strength is improved to 5/5, positive anterior drawer, and positive McMurray test. The patient is diagnosed with sprain/strain of knee, unspecified, internal derangement of knee. Plan for the patient is the physician has requested additional acupuncture of the left knee 2 times a week times 3 weeks and to be re-evaluated on 02/17/2014

### 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.

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

**Decision rationale:** The patient is a 30-year-old male with a knee sprain/strain, knee internal derangement. As far as conservative care so far, the patient has had an injection noted on the 10/04/2013 office note. The patient noted that the right knee was much improved. Medication noted from the 12/24/2013 office note is Mobic 7.5, 1 to 2 tablets daily with food. Also noted for medication is acetaminophen 500 mg 1 to 2 every 4 hours as needed. The note, also from the 01/13/2014 office visit stated that the PT had been authorized but that the patient had not started yet. The patient has had some acupuncture treatment that did help. The number of sessions is not stated in the documentation provided and the physician was requesting from the 01/13/2014 office note more acupuncture sessions at this point. California/ACOEM Guidelines for knee complaints does state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In the documentation provided, conservative care has not been exhausted and the fact that the patient has not started in physical therapy at this point to see if that will be effective in helping with the knee pain. Along with conservative care, the patient is on Mobic and acetaminophen, the 01/13/2014 office the patient was still complaining of intermittent moderate left knee pain. There was no other pain assessment for the patient as far as quantitative numerical type scores to see if the patient has had any relief from the medication that has been prescribed. Per the documentation presented for review, conservative care as of this point has not been exhausted. Also per the guidelines, special studies such as MRI are not needed to evaluate most knee complaints until after a period of conservative care and observation. Therefore, the request is non-certified