

<b>Case Number:</b>	CM13-0067712		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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:

This is a 45-year-old male patient with a reported work-related injury on 08/27/2012. The mechanism of injury was that the patient fell from a ladder, resulting in low back pain radiating down the right leg to the calf. An official MRI of the right knee on 03/19/2013 revealed a horizontal longitudinal 1cm tear of the posterior horn of the medial meniscus tissue or bucket handle fragment. Subjectively, right knee pain at rest is 1-3/10 and increases to 4-5/10 after an hour of weight bearing. The patient was instructed to walk 30 minutes daily and followed by stretching. Range of motion for right knee flexion was 130/135 and extension was 174/180 with moderate medial joint line pain; moderate tenderness at 2+ at the medial joint line. Muscle strength for flexion and extension was 2/5 and up to 3/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI OF THE 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 rationale:** The CA MTUS/ACOEM Guidelines state, "MRI is not recommended for routine evaluation of acute, subacute, or chronic knee joint pathology, including degenerative joint disease." The request for 1 MRI of the right knee is non-certified. The patient has had an MRI of the right knee on 03/19/2013, and the California MTUS/ACOEM Guidelines do not recommend MRIs for routine evaluation of acute, subacute or chronic knee joint pathology. No clinical information to support repeat MRI was submitted as well as response to conservative treatment. As such, the request is non-certified.