

<b>Case Number:</b>	CM13-0071306		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/09/2009
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Texas. 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 injured worker reported an injury on 11/09/2009 secondary to unknown mechanism of injury. The diagnoses include internal derangement of the right knee, right lower extremity strain and sciatica and left knee pain associated with overuse syndrome. The injured worker was evaluated on 11/07/2013 for reports of left knee tenderness. The exam showed a lack of evidence of objective examination of the left knee. The treatment plan included an MRI of the left knee.

### 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:** 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 California MTUS/ACOEM Guidelines recommend a diagnostic MRI after a period of conservative care and observation. The injured worker complained of left knee tenderness, however, there is no objective evidence of evaluation of the left knee in the documentation provided. Furthermore, there is no evidence of conservative care trials such as

NSAIDs and physical therapy. Therefore, the request for MRI left knee is not medically necessary and appropriate.