

<b>Case Number:</b>	CM13-0072181		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/29/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Occupational Medicine 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:

The patient is a represented [REDACTED] employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of January 29, 2012. Thus far, she has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In the utilization review report dated December 19, 2013, the claims administrator denied a request for a knee MRI. The claims administrator did not incorporate cited guidelines into its rationale. The claims administrator did suggest (but did not clearly state) that the patient had an earlier MRI and that the attending provider had failed to furnish any evidence to support a repeat study. The December 6, 2013 second opinion consultation note was for ongoing complaints of knee pain, exacerbated by prolonged standing, prolonged walking, and/or squatting. The patient had been working while in pain. She was a cosmetic technician at [REDACTED] and was noted that she had 5/5 bilateral lower extremity strength. It was stated that the x-rays of the knee were negative. The attending provider noted that the patient had +8 to 130 degrees of knee range of motion with a normal gait. The MRI of the knee was endorsed to search for any cartilaginous damage from previous injections to treat the applicant's joint disease. Weight loss and regular duty work were endorsed.

### 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): 335-336.

**Decision rationale:** According to the MTUS ACOEM Guidelines in Chapter 13, pages 335 and 336, an MRI of the knee is recommended to confirm diagnoses such as meniscal tear, collateral ligament tear, anterior cruciate ligament (ACL) tear, posterior cruciate ligament (PCL) tear, and/or patellar tendonitis, but only in a patient in whom surgery is being considered or contemplated. In this case, the patient is not actively considering contemplating knee surgery. She possesses normal gait, normal knee range of motion, and normal strength. The attending provider seemingly suggested that the knee MRI was being endorsed for academic purposes, to determine the degree of preservation of the patient's joint space. There was no indication that the patient and/or the attending provider would act on the results of the study in question and/or consider a surgical remedy or that the patient in fact had significant internal derangement of the knee which would require surgical intervention. Therefore, the request is not medically necessary.