

<b>Case Number:</b>	CM14-0004340		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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:

This 35-year old male patient was working on a wall and had a ten foot fall, hit his knee on February 1, 2013 and sustained bilateral calcaneal fractures. He underwent ORIF on February 11, 2013. Treatment included medication and at least 36 Physical therapy visits. On 07/01/13, the patient presents with generalized bilateral knee pain which aggravates at night, when walking to the bathroom. Pain eases with supine position. On August 28, 2013, the therapist reported the patient was reaching a plateau and also noted compliance with home exercise program. Hamstring strength is 4/5, Quadriceps strength is 4/5. There is a previous adverse determination on December 31, 2013 was rendered due to lack of documentation of preliminary studies such as x-ray having been performed, also there were no physical findings indicating presence of an internal derangement of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING(MRI) OF THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , IMAGING, 341. 343

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATION AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION, KNEE COMPLAINTS,

**Decision rationale:** The Knee Complaints Chapter of the ACOEM Practice Guidelines recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. This patient present with bilateral knee injuries. Objective findings show hamstring strength 4/5, quadriceps strength 4/5. However, there is no documented evidence of preliminary studies such as x-ray, also there is no indication of internal derangement of the right knee on physical exam. In addition there is no documentation of episodes of locking , recurrent effusion or popping. The request for magnetic resonance imaging (MRI) of the right knee is not medically necessary or appropriate.