

<b>Case Number:</b>	CM14-0005236		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Geriatrics and is licensed to practice in New York. 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 is a 23 year old woman with a date of injury of 11/14/13. She slipped on water and fell onto her knees with a left knee injury. Her diagnosis was left knee sprain. X-rays of her knee were normal. She was seen by her physician on 12/3/13 and noted 7/10 pain when she was trying to bend. The pain would shoot down her left shin. There was no swelling of the knee or foot. The exam showed flexion 0 to 30 degrees, motor 30%, negative Drawer test. Most of the exam is illegible. An MRI of the left knee was requested which is at issue in this review.

### 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 Chapter 13 Knee Complaints Page(s): 341-343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-339.

**Decision rationale:** The request in this injured worker with chronic neck pain is for a MRI of the left knee. The records document a physical exam with reduction in range of motion but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic

defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags or PE evidence of an anatomic abnormality, a MRI of the left knee is not medically indicated.