

<b>Case Number:</b>	CM14-0102760		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Colorado. 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 57 year old female with date of injury on November 27, 2012. She reported tripping while walking upstairs and fell on her hands and knees with immediate pain to the neck, shoulders, wrists, hands, and upper back. The diagnosis is noted as internal derangement/chondromalacia of the left knee. An April 21, 2014 note reflects postoperative therapy (shoulder), and having worsening pain in the left knee. An exam gait is normal, and knee exam reflects no swelling or effusion with tenderness over the medial joint line and medial pain with McMurray's maneuver. Range of motion is 0-125. An April 27, 2014 follow up note states increase in left knee pain with increased activity. Gait is normal, and knee exam is unchanged. The request is for a magnetic resonance imaging 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 of the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's( magnetic resonance imaging)

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

**Decision rationale:** Based on a review of the documents provided there is a history of prior trauma, there is persistent and progressive pain, and there are findings of suspect cartilage disruption in the injured worker. The clinical information reflects ongoing pain increased with activity and joint line tenderness as well as positive test suggestive of medial cartilage disruption. Therefore, per The ACOEM guidelines the requested magnetic resonance imaging test is medically necessary. The previous denial noted no documentation of an acute knee injury with dislocation or ligament or cartilage disruption. However, the records reflect a fall and subsequent persistent and progressive knee pain with findings suggestive of a medial cartilage injury.