

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0108674 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 08/12/2011 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 06/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 63 year-old individual was reportedly injured on 8/12/2011. The mechanism of injury is not listed. The most recent progress note dated 6/17/2014 indicates that there are ongoing complaints of neck, low back and right lower extremity pain. The physical examination demonstrated: antalgic gait. Lumbar spine: well healed surgical scar, muscle strength 5/5 bilateral lower extremities. Sensation intact to light touch. Positive tenderness to palpation over the paraspinal muscles and anterior/posterior aspect of the right hip. Positive tenderness to palpation over the right greater trochanter. Diffuse tenderness to palpation over the right knee, 4 range of motion. No recent diagnostic studies are available for review. Previous treatment includes epidural steroid injections, medications, lumbar fusion, and conservative care. A request was made for magnetic resonance image of the right knee and was not certified in the pre-authorization process on 6/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right 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.

**Decision rationale:** American College of Occupational and Environmental Medicine guidelines recommend magnetic resonance image for select patients with subacute or chronic knee symptoms in which mechanically disruptive internal derangement or similar tissue pathology is it turn. It is generally not indicated for patients with acute knee pain. After review the medical documentation provided it is noted that the injured worker does have diffuse tenderness to the right knee, however there is no documentation of mechanical symptoms on physical examination or laxity noted. Therefore, this request is deemed not medically necessary.