

<b>Case Number:</b>	CM14-0111629		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Orthopedic Surgery 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 claimant is a 55-year-old female who reported right knee complaints after a slip and fall injury at work on 03/04/14. The medical records provided for review included the initial report of plain film radiographs that showed evidence of a non-displaced fracture of the patella. Following a course of a mobilization, physical therapy, and medication management the claimant still had complaints of pain. The 05/29/14 clinical assessment documented pain, tenderness, limited motion and giveaway weakness with activities. Physical examination revealed an antalgic gait pattern, painful medial and lateral joint palpation and pain with McMurray's testing. There was zero to 115 degrees of motion. Due to the claimant's mechanical symptoms and continued pain, the recommendation was made for an MRI scan of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee:** Overturned

**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): 341, 343..

**Decision rationale:** Based on the California ACOEM Guidelines, the request for an MRI scan would be recommended as medically necessary. The claimant is three months following time of injury with continued mechanical symptoms, objective findings on physical examination, and pain complaints of the knee. Given the claimant's current clinical presentation particularly to the medial and lateral compartment, the role of an MRI to rule out internal derangement would be supported. Therefore the request is medically necessary.