

<b>Case Number:</b>	CM14-0112622		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/16/1999
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55 year old female who sustained an injury to her right knee on 07/16/99. The mechanism of injury was not documented. A progress report dated 06/04/14 reported that the injured worker presented to the clinic for follow up complaining of persistent pain in the right ankle that is increased. She also complained of right knee pain and lumbosacral pain as a consequence. The most recent progress report dated 06/24/14 noted that the injured worker continued to complain of right knee pain and has not responded to home exercise program, over-the-counter NSAIDs, and activity restrictions. Physical examination noted right ankle swelling, decreased range of motion; right knee crepitus, tenderness at the medial joint line; positive McMurray's sign. Plain radiographs on this date reportedly revealed loss of medial compartmental cartilage interval, PF spurring. Injured worker was diagnosed with a sprain/strain of the deltoid of the ankle.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, MRIs (magnetic resonance imaging)

**Decision rationale:** The request for MRI of the right knee is not medically necessary. The previous request was denied on the basis that there was no documentation of any pertinent knee surgery. The complete physical examination of the right knee was not documented. MRI of the right knee was requested to rule out internal derangement. The rationale for the request is unclear. There was no evidence of ligament laxity or any evidence of meniscus injury. Furthermore, complete examination of the right knee including range of motion, gait abnormalities, strength of the knee was not documented. Given that the injuries were several years old, findings of any prior imaging studies including the MRI of the knee were unavailable, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no recent detailed physical examination that would indicate any decreased motor strength, increased reflex or sensory deficits. There were no additional significant 'red flags' identified. Given this, the request for MRI of the right knee is not indicated as medically necessary.