

<b>Case Number:</b>	CM14-0120127		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 45-year-old female with a date of injury of 07/03/2014. The listed diagnosis per [REDACTED] is knee pain (left). According to progress report 07/13/2014, the patient tripped over a hose and directly landed on her left knee. She presents with persistent increase in pain rated at 8/10. The patient states the pain is shooting up and down from her knee anteriorly and posteriorly. Patient reports sore tendons. Examination of the left knee revealed tenderness at posterior tendons. Treater reports no erythema, no effusion, no contusion, no swelling, and negative apprehension test and McMurray test. Treater is requesting an MRI of the left knee to rule out chondromalacia and possible meniscal tear. Utilization review denied the request on 07/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LEFT KNEE (R/O CHONDROMALACIA):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (pages 341,342).

**Decision rationale:** This patient presents with left knee pain status post fall. The treater is requesting an MRI of the left knee to rule out chondromalacia and possible tear. Utilization review denied the request stating there are no red flag diagnoses, mechanical symptoms, or tried and failed conservative treatments. ACOEM Guidelines states, "Special studies are needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." In this case, examination only revealed tenderness, all other examination findings were negative. Furthermore, the patient has not had conservative care yet. The requested MRI of the knee is not medically necessary.