

<b>Case Number:</b>	CM14-0130917		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 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:

This is a 38 year old female with a 5/3/12 injury date. She was involved in a motor-vehicle accident in a [REDACTED] truck and injured her lower back, left shoulder, and left knee. In a follow-up on 7/24/14, subjective complaints included neck pain, lower back pain, and left knee pain associated with numbness and tingling in the leg. Objective findings included left knee tenderness over the joint lines, negative drawer tests, negative McMurray's, and no varus/vagus instability. A left knee x-rays taken shortly after the injury was reported at negative. Diagnostic impression: left knee internal derangement. Treatment to date: left knee cortisone injection (6/13/14), physical therapy, chiropractic care. A UR decision on 8/4/14 denied the request for left knee MRI on the basis that there was minimal evidence of prior conservative treatment and limited objective exam findings that would support medical necessity.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Leg Chapter, MRI's (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):  
Knee and Leg Chapter

**Decision rationale:** CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In the present case, there is no evidence of knee instability or effusion in the documentation. There are no subjective reports of locking, popping, or giving way. It is not clear what the extent and duration of physical therapy has been, and any progress made. The evidence provided does not support medical necessity. Therefore, the request for left knee MRI is not medically necessary.