

<b>Case Number:</b>	CM14-0136766		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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:

Injured worker is a male with date of injury 4/11/2012. Per primary treating physician's supplemental report dated 7/23/2014, the injured worker had right shoulder surgery on 8/21/2013. Since the last examination, he feels the same and complains of low back and left knee pain rated as 6/10 and right shoulder pain rated as 7/10. He reports that overhead reaching aggravates his symptoms. He is continuing his treatment as recommended. He stretches and exercises at home. He is currently off work. On examination of the right shoulder, there was tenderness to palpation noted over the acromioclavicular joint. Manual muscle testing revealed; 4/5 strength with flexion, extension, abduction, adduction, internal rotation and external rotation. Range of motion was restricted due to pain. On examination of the left knee, there was tenderness noted over the medial joint line. Manual muscle testing revealed 4/5; strength with flexion and extension. Range of motion was restricted due to pain. Diagnoses include 1) right shoulder partial rotator cuff tear 2) right shoulder acromioclavicular joint osteoarthritis 3) left knee internal derangement 4) status post right shoulder surgery on 8/20/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the Left Knee:** 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): 335, 343-345.

**Decision rationale:** The MTUS Guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. The requesting physician does not provide an explanation of why MRI is indicated in the management of this injured worker. Although he has been diagnosed with left knee internal derangement, the only physical examination findings are medial joint line tenderness, 4/5 strength, and restricted range of motion due to pain. Medical necessity for this request has not been established within the recommendations of the MTUS Guidelines. The request for magnetic resonance imaging (MRI) of the left knee is not be medically necessary.