

<b>Case Number:</b>	CM14-0138481		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Internal 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:

The injured worker is a 49-year-old male who reported a work related injury on 06/23/2012. The mechanism of injury was due to a fall. The injured worker's diagnoses include lateral knee strain. The injured worker's past treatment included physical therapy and medication management. Diagnostic studies include left knee x-ray which showed no fracture of the femur, tibia, or patella. There was mild osteophytic tibial peaking but it was otherwise a normal joint space to the medial and lateral knee area. Upon examination on 08/01/2014 the injured worker complained of worsening left knee pain. Upon physical assessment it was noted that the injured worker had 4/5 weakness of left knee extension and a positive McMurray's test to the left knee. The injured worker's prescribed medications include Norco, Gabapentin, Ibuprofen, Prilosec, and Terocin patch. The treatment plan consisted of an MRI of the left knee, medication refill, and a follow up. A rationale for the request and the Request for Authorization form were not submitted for review.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRIs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** Based on the clinical information submitted for review, the request for the request for MRI of the left knee is not medically necessary. The California MTUS/ACOEM states special circumstances are not needed to evaluate most knee complaints until after a period of conservative care observation. The position of the American College of Radiology in its most recent Appropriateness Criteria listing the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma; patient is able to walk without a limp, patient had a twisting injury and there was no effusion, joint effusion within 24 hours of the direct blow or fall, palpable tenderness over the fibular head or patella, inability to walk 4 steps or weight bearing immediately or within a week of the trauma, and inability to flex the knee to 90 degrees. In regards to the injured worker, the injury occurred over 2 years ago and recently he reported worsening left knee pain. The injured worker was noted to have a positive McMurray's test. However, there is no report of non-operative treatment to include rehabilitative exercises. As such, the request for an MRI of the left knee is not medically necessary.