

<b>Case Number:</b>	CM14-0156176		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 and 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 50 year old female with date of injury 5/3/13. The treating physician report dated 8/12/14 indicates that the patient presents with pain affecting the left knee and ankle with locking and giving way sensation. The physical examination findings reveal medial joint line and lateral joint line tenderness. She has crepitus throughout range of motion with patellofemoral compression pain and effusion. The current diagnoses are: 1.Status post left shoulder arthroscopic subacromial decompression2.Left knee pain with internal derangement3.Left ankle pain of uncertain etiologyThe utilization review report dated 9/12/14 denied the request for MRI of the left knee based on the ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Knee Chapter; MRI's (magnetic resonance imaging)

**Decision rationale:** The patient presents with chronic left knee pain with unknown mechanism of injury. The current request is for MRI of the left knee. The treating physician report dated 8/12/14 states, "This is a formal request for authorization for MRI scan of the left knee." The 3/14/14 and 4/11/14 reports submitted for review do not discuss the left knee only the post-surgical left shoulder. There is no documentation of the frequency or intensity of the left knee pain. There are minimal objective findings on examination and there is no history of the mechanism of injury or why the patient at this point requires an MRI. In reviewing the medical records provided, there is no mention of any previous x-rays or MRI scans performed. The MTUS guidelines do not address knee MRIs. The ODG guidelines support MRI of the knee for non-traumatic knee pain once x-rays have been taken and additional studies are indicated if internal derangement is suspected. In this case the treating physician does not provide any documentation to document that this request is for an acute trauma and for non-traumatic knee pain. An x-ray is required prior to recommending and MRI.