

<b>Case Number:</b>	CM14-0169528		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	06/28/2014
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Family Medicine and is licensed to practice New Jersey. 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 worker is a 54 year old female who was injured on 6/28/2014 after hitting her right knee on a stack of boxes causing her to fall and twist her right knee. She was diagnosed with right knee sprain/strain and treated with ice, medication and physical therapy. She was able to return to full duty at work. She was seen on 8/24/14 by her treating physician reporting improved pain in the knee with physical therapy. Physical examination findings included right knee mild swelling, tenderness on medial aspect, and positive McMurray's test. MRI of the right knee was recommended, but the worker had difficulty breathing while lying flat for this MRI due to her COPD. She also was unable to do a standing MRI due to pain. On 9/19/14, the worker reported her knee pain worsening with soreness after physical therapy. Physical examination findings were similar to the previous office visit. She was then recommended IV sedation for her knee MRI study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with IV sedation-right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 346.

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

**Decision rationale:** The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, the MRI request seems to be reasonable and appropriate considering the worker's subjective and objective findings. However, there is no guideline that suggests IV sedation is the standard for this type of situation where there is difficulty tolerating an MRI lying down. Oral forms of sedation is common practice for this type of situation as long as it is appropriate considering the patient's medical history and potential side effects of the medication. In the opinion of the reviewer, without an explanation from the requesting provider to show why IV sedation is required over oral sedation, the IV sedation for the knee MRI is not medically necessary.