

<b>Case Number:</b>	CM14-0169936		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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:

Injured worker is a female with a date of injury 2/21/2013. Per primary treating physician's progress report dated 9/22/2014, the injured worker complains of persistent pain to her lower back and right lower extremity. She reports that her injury was the result of a fall onto her right knee and right elbow. She reports that she has not had any treatment for her right knee, and feels that it is unstable. She has pain down to her foot, and difficulty when she dorsiflexes and everts her right foot. On examination she has tenderness on palpation to her left anterior shoulder. There is also tenderness on palpation to her lumbar paraspinals. There is tenderness on palpation to her right knee medial and lateral joint line. There is palpable crepitus. She has an antalgic gait without the use of any assistive device. There is also pain to her right ankle when she dorsiflexes and everts her right foot. Diagnoses include 1) chronic left shoulder pain secondary to traumatic SLAP lesion status post left shoulder arthroscopy 2) history of thoracolumbar scoliosis status post corrective surgery, 2001 3) lumbosacral degenerative disc disease with slight anterolisthesis, L4-5 4) chronic pain syndrome 5) insomnia 6) severe neuropathic pain 7) depression 8) anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI to the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, MRI's

**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 explains that the MRI of the right knee is requested to rule out any meniscus tear. The physical exam does not provide any findings suggestive of a meniscus tear. The injured worker reports that she has not had any treatment for her knee. There is no evidence that the injured worker has been provided conservative care for her knee prior to this request. Medical necessity of this request has not been established. The request for MRI to the right knee is determined to not be medically necessary.