

<b>Case Number:</b>	CM14-0172347		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/10/2008
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 in Arizona. 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:

Patient is a 52 year old male with a date of injury on 4/10/2008. Subjective complaints are of persistent right knee pain, thought to be due to favoring his left lower extremity. Patient has had symptoms of locking and instability. Physical exam showed effusion and swelling of the right knee, with decreased range of motion and tenderness over the medial joint line. Patellar compression test was positive, and the Lachman's and drawer tests were negative. No instability was noted. X-rays of the right knee revealed mild compartmental narrowing, with no evidence of fracture, arthritis, or dislocation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI of the right knee without contrast: 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): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE, MRI

**Decision rationale:** ACOEM guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on

imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began. The ODG states that soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. The ODG states that for non-traumatic patellofemoral pain or suspicion for internal derangement (with normal x-rays) a MRI can be appropriate for further evaluation. For this patient, there were no objective findings that were suspicious for internal derangement. Therefore, the medical necessity for a knee MRI is not established at this time.