

<b>Case Number:</b>	CM14-0179045		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	09/27/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Practice 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:

This is a 33 yr. old male claimant who sustained a work injury on 9/27/14 involving the left knee. He was diagnosed with a left knee strain. A progress note on 10/7/14 indicated the claimant had pain in the lateral side of the knee. He was given ice therapy and an MRI was requested of the knee. An x-ray result was pending. A progress note on 10/14/14 indicated the claimant had limitation in squatting and kneeling. An MRI of the left knee was requested by the treating physician.

### 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. In this case, an x-ray was performed but the results were unknown

before an MRI was ordered. The clinical exam does not suggest an ACL tear. The MRI of the knee is not medically necessary.