

<b>Case Number:</b>	CM14-0179859		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	09/02/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/02/14. She continues to be treated for bilateral knee pain. She was seen by the requesting provider on 09/19/14. She had completed one session of physical therapy which had then been discontinued due to pain. She was wearing a right knee brace and was having symptoms of catching, locking, and instability. Ultracet had caused sedation. Physical examination findings included decreased and painful right knee range of motion with moderate joint tenderness and positive McMurray testing. Lidoderm was prescribed. On 09/26/14 there had been no improvement. Pain was rated at 8/10. She was continuing to take Ultracet at night and was taking Naprosyn two times per day. Physical examination findings included bilateral knee pain with range of motion. There was right medial joint line tenderness. She had left knee medial joint line tenderness and pain over the medial collateral ligament. McMurray's testing caused pain bilaterally. She was unable to perform a squat. The plan references pain as out of proportion to the injury and with no findings of internal derangement by MRI of the right knee. Authorization for an MRI of the left knee and to restart physical therapy was requested.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant is approximately 3 months status post work-related injury and continues to be treated for bilateral knee pain. An MRI of the right knee when she was having symptoms including catching, locking, and instability was negative for internal derangement. When seen by the requesting provider she had physical examination findings of left knee medial joint line tenderness and pain over the medial collateral ligament and with McMurray's testing. The plan references pain as out of proportion to the injury and she was referred for physical therapy. Applicable indications for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the left knee and no left knee complaints or physical examination findings that would support the need to obtain an MRI. No plain x-ray results are documented. Therefore, an MRI of the left knee is not medically necessary.