

<b>Case Number:</b>	CM14-0186126		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/03/2014
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Florida. 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 patient is a 30-year-old male who sustained a work related injury on 5/03/2014. The mechanism of injury was being punched in the face while attempting to detain a suspect while working as a deputy officer. He underwent an ORIF of the zygomatic arch and orbital floor on 5/15/2014. On 6/11/14 the hardware was removed. On 10/29/2014 he underwent an evaluation of his right knee by an orthopedic consultant. He is presumed by the orthopedic surgeon to probably have a medial meniscus tear. His physical exam note records a slight internal rotation deficit of the right knee. Trace lateral joint line tenderness on palpation. Mild patellofemoral crepitus that was not painful on active or passive range of motion. Due to the suspected medial meniscus tear, an MRI of the right knee is ordered. A utilization review physician did not certify this request, citing that no plain films were performed first and that there is not any documentation of a period of conservative treatment. Likewise, an Independent Medical Review has been requested. A 9/26/2014 medical management report states that that patient was cleared to return to work full duty on 9/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. Right Knee MRI:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg-Acute & Chronic (updated 10/27/14).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 335.

**Decision rationale:** In accordance with California MTUS guidelines MRI's are recommended to confirm a probable meniscus tear diagnosis, not plain films. In this case a plain film would be an unnecessary diagnostic step and cannot rule the diagnosis in or out if normal. Likewise, performing an x-ray in a patient with a probable meniscus tear is a needless step. This patient has had symptoms ongoing for 6 months. An MRI will be required to examine the extent of the probable meniscus tear and then determine if the patient is a candidate for conservative care versus surgical intervention. Also, an 8/1/2014 note states, "There are sporadic complaints of pain in the neck, back, shoulder, and knee. If these persist despite conservative care then final evaluation with an Orthopedic ANE would be required." Since the patient was referred to an orthopedic specialist several months later this does imply that conservative management of his right knee pain was tried. An MRI of the right knee is in this case medically necessary. Therefore the request is medically necessary.