

<b>Case Number:</b>	CM14-0022373		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/22/2014

### 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:

The patient is a 25-year-old male who has submitted a claim for left knee medial meniscus tear, synovitis, and anteromedial rotator instability, status post ACL reconstruction and partial medial meniscectomy with synovectomy associated with an industrial injury date of December 26, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of pain at the back of his knee due to a fall dated December 13, 2013. Physical examination showed left knee tenderness medially. MRI of the left knee dated January 11, 2013 showed results compatible with a meniscal tear. Treatment to date has included NSAIDs, opioids, home exercise programs, physical therapy, work hardening, and surgery (6/21/13). Utilization review from February 7, 2014 denied the request for MRI left knee without contrast due to lack of documentation of current complaints and objective examinations to necessitate diagnostic evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI FOR THE LEFT KNEE WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** CA MTUS ACOEM recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. According to ODG, knee MRIs are recommended in patients with acute trauma to the knee or with suspicion of posterior knee dislocation or ligament or cartilage destruction; nontraumatic knee pain with initial nondiagnostic radiographs with anterior patellofemoral symptoms and suspicion of internal derangement, or with normal findings or joint effusion and suspicion of internal derangement; or nontraumatic knee pain with initial radiographs demonstrating evidence of internal derangement. In this case, the patient was noted to be asymptomatic until a fall last December 13, 2013. The patient complained of pain at the back of the left knee. However, recent medical records were not very legible. Subjective complaints and physical examination findings of instability and ligament damage pertaining to the left knee are lacking. Therefore, the request for MRI for the left knee without contrast is not medically necessary.