

<b>Case Number:</b>	CM14-0034913		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	12/24/2011
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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:

This is a 50-year-old female with a 12/24/11 date of injury. The mechanism of injury occurred when the patient stepped up a curb when her right foot slipped off the curb and the patient fell. According to an orthopedic reevaluation report dated 1/20/14, the patient presented with complaints of continued pain and stiffness to her cervical spine, left shoulder, and left knee. It is documented in an AME report, dated 3/7/13, that an x-ray of the right and left knee revealed no evidence of calcification, no evidence of old or new fracture, the overall osseous density is satisfactory. Objective findings: no change of cervical spine, tenderness to palpation of left shoulder, limited range of motion of left shoulder, tenderness to palpation over medial and lateral joint lines of left knee, pain to varus and valgus stressing, no gross instability noted, McMurray testing positive on the left, range of motion of the left knee is limited. The provider is requesting an MRI scan of the left knee to rule out any internal derangement. Diagnostic impression: cervical spine sprain/strain, left shoulder sprain/strain, left knee sprain/strain, tendinitis/impingement syndrome, left shoulder. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 2/19/14 denied the request for left knee MRI. Results of a 12/20/12 MRI of the left knee were not documented. X-ray of the bilateral knees, date not specified, documented that there was normal result. There were no objective interpretations of the MRI and x-ray results attached in the medical report submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336, Chronic Pain Treatment Guidelines Knee Complaints. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Knee and Leg Chapter

**Decision rationale:** The CA MTUS 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. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. However, there is no documentation that the patient has an unstable knee. In fact, it is documented in the most recent report that no gross instability is noted. In addition, the patient had a left knee MRI on 3/7/13 that revealed no abnormalities. There is no documentation of an acute trauma to the knee or any other significant change in the patient's condition to warrant the necessity of a repeat MRI. Therefore, the request for Magnetic Resonance Imaging (MRI) of the left knee was not medically necessary.