

<b>Case Number:</b>	CM14-0037980		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 and is licensed to practice in Nevada. 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 injured worker is a 53 year-old female who was reportedly injured on 4/14/2006. The mechanism of injury is noted as a repetitive use injury. The most recent progress note dated 1/23/2014 indicates that there are ongoing complaints of low back and right knee pain. The physical examination demonstrated right knee: mild swelling, positive tenderness to the lateral, medial and superior aspect of the knee. No recent diagnostic studies are available for review. Previous treatment includes aquatic therapy, medications and referral to psychiatry. A request had been made for magnetic resonance imaging of the right knee (weight-bearing), and was not certified in the pre-authorization process on 3/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Weight-Bearing MRI (Magnetic Resonance Images) Of The Right Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for worker's compensations,chapter knee&leg ,Magnetic Resonance Images.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints

Page(s): 341.

**Decision rationale:** American College of Occupational and Environmental Medicine guidelines support the use of specialized studies such as magnetic resonance images. The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall - Palpable tenderness over fibular head or patella Inability to walk (four steps) or bear weight immediately or within a week of the trauma - Inability to flex knee to 90 degrees. After review of the medical records provided it is noted the patient did have a fall listed in the history of present illness which took place 3 weeks prior. Physical exam reveals mild swelling and tenderness to touch. After reviewing the guideline the objective clinical findings do not meet the criteria to authorize this study. Therefore the request for this diagnostic procedure is deemed not medically necessary.