

<b>Case Number:</b>	CM14-0038408		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/26/2014
<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 Orthopedic Surgery and is licensed to practice in Colorado and Texas. 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 47-year-old male who reported an injury on 04/12/2013 due to an unknown mechanism of injury. The injured worker complained of lower back pain that he rated 8/10 on the visual analogue scale (VAS). He also had bilateral knee pain that he rated 9/10 on the VAS. The injured worker's right knee pain is more substantial than the left knee pain. On 05/22/2014, the physical examination revealed tenderness to palpation over the paraspinal muscles. He also had tenderness to palpation bilaterally on the knees, with a positive McMurray's test. There were no neurological symptoms at this time. The injured worker had diagnoses of lumbosacral musculoligamentous strain/sprain with radiculitis, and right knee strain/sprain compensatory to altered gait. The past treatment included physical therapy. The injured worker was on Flexeril. The current treatment plan is for MRI of the left knee. The rationale was not submitted for review. The request for authorization Form was dated 05/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment approaches, history and physical examination Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg.

**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, MRI's (magnetic resonance imaging).

**Decision rationale:** The injured worker has a history of lower back pain and bilateral knee pain. The ODG guidelines state that MRI's are recommended as indicated. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement. There was no rationale provided to determine the need for this request. Due to lack of documentation, the request is not medically supported at this time. Given the above, the request for an MRI of the left knee is non-MTUS.