

<b>Case Number:</b>	CM14-0038507		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/06/2006
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/24/2014
<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 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 68 year old patient had a date of injury on 6/6/2006. The mechanism of injury was not noted. On a progress note dated 2/4/2014, the patient reports moderate bilateral knee pain, neck pain with headaches and radiation to bilateral upper extremities. Patient reports clicking and popping sensation in knees at all times, as well as giving out sensation and locking up in bilateral knees. Objective findings include tenderness to palpation diffusely, positive Murray's test on the right. Diagnostic impression shows cervical spine sprain/stain; status post anterior cervical discectomy and fusion of c3-c4 and c4-c5. Treatment to date: medication therapy, behavior modification, viscosupplementation. A UR decision on 3/24/2014 denied the request for MRI of the right knee between 3/20/2014 and 5/4/2014, stating that the objective findings did not document objective measurement of deficits which needs to be addressed by the requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right 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.

**Decision rationale:** 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. On a progress note dated 2/4/2014, the patient is noted to report clicking and popping sensation in knees at all times, as well as giving out sensation and locking up in bilateral knees. No plain films are documented in the submitted records. Furthermore, there was no discussion of failure of conservative treatment such as physical therapy. Therefore, the request for MRI of the right knee is not medically necessary and appropriate.