

<b>Case Number:</b>	CM14-0040286		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 38-year-old female who sustained an injury on 7/31/13 while she was carrying a tray of silverware. She landed on her right side and the tray fell on her right knee. She sustained a fracture of the right wrist and also injured her lower back. Treatment history includes Orphanadrine and Flexeril. There is no documentation that physical therapy has been completed. A progress report dated 1/20/14 indicates that the patient complained of right wrist, right elbow, thoracic, and right knee pain. On physical exam of the right knee, there was tenderness over the right knee over medial joint line. There was no erythma, ecchymosis, masses, or swelling. There was no patellar subluxation or tenderness. There was no restricted range of motion of the knee. There were no abnormal deep tendon reflexes of the lower extremity. There were no sensory changes to light touch and pinprick of lower extremity. The patient had a negative McMurray test for meniscal integrity, and a negative Anterior/Posterior Drawer sign for integrity of cruciate ligament. The patient was diagnosed with right wrist sprain/strain, back sprain, right thoracic spine pain, and right knee/leg sprain. An MRI of the right knee was recommended.

### 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 Right Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints, American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition, 2008 pages 1021-1022.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI's (Magnetic Resonance Imaging).

**Decision rationale:** As per the California MTUS guidelines, reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began. As per the ODG, MRI of the knee is recommended if internal derangement is suspected. It is unclear if the surgery is considered as an option. In this case, there is no evidence of internal derangement or any instability. There are no red flag signs or any plan for surgical intervention. There are no records of x-rays with negative or equivocal results. There is no documentation of trial and failure of conservative management. Therefore, the request is considered not medically necessary.