

<b>Case Number:</b>	CM14-0043332		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 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 33 year old female claimant with industrial injury reported 04/15/13. The claimant with report of diagnosis of cervical pain radiating to arms, bilateral shoulder pain and lumbar spine pain radiating down both legs with numbness and tingling. Physical examination demonstrates patient has limited range of motion and a positive straight leg raise to the bilateral lower extremities at 20 degrees. An exam note 09/18/13 also reports a knee sprain. Patient has undergone physical therapy, chiropractor treatments, acupuncture, and extracorporeal shock wave sessions all reporting to provide little pain relief. Exam note does not demonstrate any significant physical exam findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LEFT KNEE MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-345.

**Decision rationale:** According to the California MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 regarding knee MRI states special studies are not needed to evaluate knee

complaints until conservative care has been exhausted. The clinical information submitted for review does not demonstrate that a period of conservative care has been performed to meet California MTUS/ACOEM guideline criteria for the requested imaging. The request for knee MRI is therefore not medically necessary and appropriate.