

<b>Case Number:</b>	CM14-0044551		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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:

The injured worker is a 48-year-old male who reported an injury on 12/16/2013. The mechanism of injury was noted to be a fall on ice. The injured worker's diagnoses were noted to be lumbosacral sprain with radicular symptoms, left knee sprain, status post prior laminectomy of L4-5 and L5-S1, recurrent disc herniation of L4-5 with annular tear with L5 with perineural fibrosis, and recurrent disc herniation of L5-S1 with annular tear. It is documented in the clinical notes that the injured worker had not had prior therapy, although it was being requested at the time of examination. Past treatments were only noted to be medication. The injured worker had x-rays and an MRI of the left knee. The injured worker has a prior hospitalization and surgery in 2006; he underwent lumbar spine surgery. The injured worker had an examination on 02/14/2014 with complaints of burning pain in the low back associated with numbness, tingling, and a sensation of pins and needles. He indicated the pain in his low back radiated down the left leg. The injured worker described his pain as 70% in the back and 30% in the left leg. He noted weakness in the left leg and low back. He noted swelling in the left lower leg and foot. The physical examination noted medial joint line tenderness on the left knee upon palpation. Flexion was 130 degrees of the left knee. Collateral ligament, pivot shift test, McMurray's, anterior drawer, and posterior drawer were all negative but with pain. Pedal pulses were intact and symmetrical. The injured worker's medications were noted to be naproxen. The treatment recommendation is for an MRI of the left knee joint to rule out medial meniscal tear. In addition, the injured worker was provided with medications to help reduce symptoms. The provider's rationale for the request was provided within the clinical documentation. A request for authorization for medical treatment was provided with the review and dated 02/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lower extremity w/o dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Magnetic resonance imaging (MRI).

**Decision rationale:** The Official Disability Guidelines recommend MRIs for soft tissue injuries (meniscal, chondral, surface injuries, and ligamentous disruption). The Guidelines state indications for imaging include acute trauma to the knee, and significant trauma such as a motor vehicle accident or if suspect posterior knee dislocation or ligament or cartilage disruption. The injured worker did not have documentation of acute trauma, significant trauma, or suspicion of posterior knee dislocation or ligament or cartilage disruption. Documentation is lacking evidence of tissue insult or neurovascular dysfunction. Conservative care has not included therapy. There is no documentation to support failure to progress in a strengthening program. The provider's request for the MRI fails to indicate the specific anatomy requested. As such, the request for MRI lower extremity without dye is not medically necessary.