

<b>Case Number:</b>	CM14-0046594		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Nevada. 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 records, presented for review indicate that this 46-year-old individual was reportedly injured on November 6, 2013. The mechanism of injury was noted as a lifting event. The most recent progress note, dated March 31, 2014, indicated that there were ongoing complaints of low back pain with radiation into the right lower extremity and the "right knee swells and hurts." Letter diagnostic assessment was positive for a right lower extremity radiculopathy. The physical examination demonstrated a decrease in right knee range of motion, with no effusion. Straight leg raising was positive on the right. There was a note that the right knee was "locked". Diagnostic imaging studies objectified no evidence of meniscal injury, a focal defect in the articular cartilage and a small joint effusion. Previous treatment included multiple medications, physical therapy and pain management interventions. A request had been made for MRI of the right knee and was not certified in the pre-authorization process on April 7, 2014.

### 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** The records reflect that an MRI of the knee was completed on April 1, 2014. The progress note prior to that did not identify any specific findings to suggest intra-articular pathology. Therefore, when noting the parameters outlined in the ACOEM guidelines, this type of imaging studies are for those who demonstrate mechanically defective internal derangement or similar soft tissue pathology. Seeing no evidence to support that standard, there is no clinical indication for the medical necessity of this study. Therefore, the request is not medically necessary.