

<b>Case Number:</b>	CM14-0050426		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 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 50 year old female reported an injury on 12/23/2013 due to a fall. Complained of severe neck pain that radiates into the right hand with numbness sensation in both hands. The neck pain increases with activity. Also the injured worker complained of pain in the right shoulder. On physical examination dated 02/11/2014 there was to light touch on the right hand. The injured worker was note to have a limp with the right leg that is mainly related to the significant pain in the right knee. The injured workers diagnoses included on clinician visit dated 02/11/2014, were cervical radiculopathy secondary to disc herniation, injury to the right shoulder, injury to the right knee, injury to the left elbow and cerebral contusion affecting the right frontal lobe. The injured workers medication was Norco for pain. The treatment plan was for MRI of the right knee. The injured workers treatments/diagnostics are according to submitted provider documentation, MRI of the cervical spine dated 01/24/2014 that demonstrated a 4mm right paracentral disc herniation causing severe right foraminal stenosis, MRI of the brain dated 01/24/2014 that was consistent with trauma to the frontal lobe. The authorization form dated 02/26/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

**Decision rationale:** The request for MRI of the right knee is non-certified. Although, the injured worker had complained of right knee pain, and the injured worker had a limp with the right leg that was related to his right knee, there were no range of motion values documented, or pain assessment for the right knee. The California Medical Utilization Treatment Schedule (MTUS) (ACOEM) states that most knee problems improve quickly once the any red flag issues are ruled out. For patient with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion, because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. There were no other listed findings on physical examination. In addition there was no documentation provided of current objective finding indicating any function impairment resulting from the knee pain. No physical therapy for treatment of the right knee or result of conservative measures attempted documented. The medical necessity for a MRI of the right knee cannot be established from the documents reviewed. As such the request is non-certified.