

<b>Case Number:</b>	CM14-0051175		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/09/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 65 year old male who was injured on 05/09/07 when he slipped and fell, twisting his left knee. The injured worker suffered a ruptured left patellar tendon. To date, three attempts at surgical repair of the ruptured tendon have been made. The injured worker now complains of right knee problems secondary to favoring his left knee. Knee pain is subjectively rated at a constant 9/10 on the right and a 10/10, on the visual analog scale, on the left. Physical examination of the right knee dated 01/15/14 reveals range of motion from 5 degrees to 130 degrees. Valgus laxity of 1+ is noted bilaterally. Supine straight leg raise is 50 degrees on the right in the supine position and 60 degrees while seated. Knee jerks are 1+ and sensation is intact. Most recent clinical note dated 03/18/14 indicates the injured worker "clearly has quadriceps insufficiency" and tenderness at bilateral knees. An MRI of the right knee is requested. Records do not include physical therapy notes nor indication of conservative treatment to the right knee.

### 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): 1021-1022.

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

**Decision rationale:** The request for an MRI of the right knee is not recommended as medically necessary. ACOEM states special studies of the knee are not needed to evaluate most knee complaints until after a period of conservative care and observation. Submitted documentation supplied no evidence that the injured worker has participated in any conservative treatment to address his right knee complaints. There is one detailed objective physical examination of the right knee, dated 01/15/14, submitted for review. This physical examination failed to reveal indications of significant pathology which would warrant an MRI prior to conservative treatment. There are no recent physical examinations included for review to indicate the injured worker's current functional abilities or limitations about the right knee. Based on the documentation provided, medical necessity of an MRI of the right knee is not established.