

<b>Case Number:</b>	CM14-0054880		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 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 42 year old male was reportedly injured on 11/1/2011. The mechanism of injury is undisclosed. The most recent progress note, dated 3/31/2014, indicated that there were ongoing complaints of chronic right knee pain low and back pain that radiated the bilateral lower extremities. The physical examination (is handwritten and only partially legible) showed right knee wearing brace, slow guarded motion, and positive tenderness to palpation of the patella femoral joint, thoracic spine had positive tenderness to palpation, lumbar spine had positive tenderness to palpation of the bilateral paralumbar musculature, negative straight leg raise bilaterally, and neurovascular intact bilateral lower extremities. No recent diagnostic studies are available for review. Previous treatment included brace, medications, and conservative treatment. A request was made for the MRI of the right knee and was not certified in the preauthorization process on 4/9/2014.

### 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, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to American College of Occupational and Environmental Medicine (ACOEM) guidelines, MRI is recommended for select patients with subacute or chronic knee symptoms in which mechanically disruptive internal derangement or similar soft tissue pathology is a concern. It is generally not indicated for patients with acute knee pain. After review of the medical records provided, there is no objective or subjective clinical documentation in the physical exam section that demonstrates mechanical symptoms such as catching/locking. Therefore, this request is deemed not medically necessary lacking further documentation.