

<b>Case Number:</b>	CM14-0057245		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/01/1997
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 53 year old female who sustained an injury to her right knee on 05/01/97. Progress report dated 11/12/13 reported that the injured worker hurt her right knee several months prior when her left knee gave out on her. She stated that she fell on to the right knee and was having persistent pain since that time. Physical examination noted tenderness mostly over the anterior aspect of the right knee; tenderness over the patella/tibial tubercle and along the medial joint line, but not bad; no effusion; range of motion full; McMurray's test negative; Lachman's negative; medial/lateral collateral ligament stable; hip range of motion full and painless; the patient was diagnosed with a contusion of the right knee and recommended home exercise program and continue anti-inflammatories recheck in clinic in six weeks if still bothersome. The most recent clinical note dated 04/04/14 reported that the patient continued to complain of right knee pain. Plain radiographs from a few months prior reportedly revealed pretty good cartilage in all three compartments, unlike the left knee where she had some arthritic changes. The injured worker was assessed to have a possible torn medial meniscus. MRI was requested.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**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 chapter, MRI's (magnetic resonance imaging).

**Decision rationale:** The request for MRI of the right knee without contrast is not medically necessary. Previous request was denied on the basis that the 04/04/14 clinical note showed some increased pain upon performing McMurray's test medially. The remainder of the examination was unremarkable. There was no effusion, full range of motion, and normal neurological examination. Plain radiographs revealed good cartilage bases in all three compartments. There was no report of new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical therapy notes provided for review indicating the patient has undergone any conservative treatment for the right knee. There were no additional significant 'red flags' identified. There were no physical examination findings of decreased motor strength, increased reflex, or sensory deficits. Given this, the request for MRI of the right knee without contrast is not indicated as medically necessary.