

<b>Case Number:</b>	CM14-0059428		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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, Pain Medicine and is licensed to practice in Florida. 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 39-year-old female who reported an injury on 03/19/2013 while working, when she rolled her ankle in a hole in the ground while stepping out of a vehicle causing pain in her left knee. Diagnoses were left knee medial meniscus tear, hypertrophic synovitis and inflamed medial plica of the knee joint, arthroscopy of the knee, extensive debridement. Past treatments have been physical therapy, chiropractic sessions, knee brace, and a cortisone injection that lasted 8 days. Diagnostic studies were not reported. Surgical history was status post arthroscopic surgery on 10/19/2013. Physical examination on 06/06/2014 revealed complaints of posterior pain that extended into her calf and wrapped around the ankle into the middle 3 toes. Examination of the left knee revealed range of motion from 0 degrees to 120 degrees. There was significant patellofemoral crepitus bilaterally (worse on the left). There was mild medial effusion. Mild posterior fossa tenderness to palpation, diffuse joint pain, mostly anterior, anterior drawer test was 1a. Lachman's test was 1a. McMurry sign test was positive bilaterally. Strength testing extension was 4/5, flexion was 4/5. Medications reported were ibuprofen. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Single positional MRI left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation ODG-Knee & Leg (Acute & Chronic).

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

**Decision rationale:** The request for single positional MRI left knee is non-certified. The CA MTUS/ACOEM state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma, patient is able to walk without a limp, the patient had a twisting injury and there was no effusion. Most knee problems improve quickly once any red flag issues are ruled out for patients 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 significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnosis an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or overdiagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. The injured worker's signs and symptoms do not coincide with the recommendations of the medical guidelines. Therefore, the request for MRI is not medically necessary.