

<b>Case Number:</b>	CM14-0062899		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Occupational 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 patient is a 47-year-old male who has submitted a claim for internal derangement of knee (right), sprain of left knee, and internal derangement of knee not otherwise specified associated with an industrial injury date of 08/11/2011. Medical records from 10/30/2013 to 06/19/2014 were reviewed and showed that patient complained of bilateral knee pain. Physical examination of the right knee revealed +1 joint effusion, quadriceps atrophy, and restricted ROM. Tenderness upon palpation over lateral joint line, patella, and patellar tendon was noted. Knee was stable with MCL and LCL testing. Anterior drawer test was negative. Physical examination of the left knee revealed +2 joint effusion with full ROM. Tenderness upon palpation over medial and lateral joint line was noted. Knee was stable with MCL and LCL testing. McMurray's test was negative. Treatment to date has included right knee arthroscopy with meniscectomy, loose body removal, OATS procedure, and osteochondral allograft of medial femoral condyle (04/2013), physical therapy, knee brace, and pain medications. Utilization review dated 04/16/2014 denied the request for MRI left knee because the documentation did not show evidence of change in patient's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI JNT OF LWR EXTRE W/O DYE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI.

**Decision rationale:** As stated on the Knee Chapter of the ACOEM Practice Guidelines referenced by California MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, the physical examination findings did not reveal an unstable knee bilaterally. The patient did not meet the criteria for knee MRI. Moreover, the request failed to specify the knee which will undergo MRI. Therefore, the request for MRI JNT of lower extremity without dye is not medically necessary.