

<b>Case Number:</b>	CM14-0064183		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 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:

This patient sustained an injury on 7/3/06 while employed by [REDACTED]. Request(s) under consideration include MRI Right Knee. Diagnoses include Knee & Leg sprain. Brief hand-written report of 10/2/13 from the provider noted "no new gym now b/c lack of funds; improved with Lidoderm patch." Exam only documented "full ROM/ B. CMS." Treatment was to "Observe/ cont home exercises." The patient remained off work. Hand-written somewhat illegible report of 4/16/14 from the provider noted the patient with ongoing chronic knee joint line pain; patient was trying to exercise on stationary bike, but experienced pain. Brief exam showed positive McMurray's. Diagnosis was bilateral anterior knee pain. Treatment was for right knee MRI. The request(s) for MRI Right Knee was non-certified on 4/29/14 citing guidelines criteria and lack of medical necessity.

### 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.

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

**Decision rationale:** This patient sustained an injury on 7/3/06 while employed by [REDACTED]. Request(s) under consideration include MRI Right Knee. Diagnoses include Knee & Leg sprain. Brief hand-written report of 10/2/13 from the provider noted "no new gym now b/c lack of funds; improved with Lidoderm patch." Exam only documented "full ROM/ B. CMS." Treatment was to "Observe/ cont home exercises." The patient remained off work. Hand-written somewhat illegible report of 4/16/14 from the provider noted the patient with ongoing chronic knee joint line pain; patient was trying to exercise on stationary bike, but experienced pain. Brief exam showed positive McMurray's. Diagnosis was bilateral anterior knee pain. Treatment was for right knee MRI. The request(s) for MRI Right Knee was non-certified on 4/29/14. There is no recent x-ray of the right knee for review. Guidelines states that 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 a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings with evidence of internal derangement, acute flare-up, new injuries, failed conservative knee treatment trial or progressive change to support for the imaging study. The MRI Right Knee is not medically necessary and appropriate.