

<b>Case Number:</b>	CM14-0072669		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 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 injured worker is a 29 -year-old male who was reportedly injured on 9/10/2012. The mechanism of injury was noted as repetitive motion of depressing heavy clutch. The most recent progress note dated 4/14/2014, indicated that there were ongoing complaints of left knee pain. Physical examination demonstrated intact knee range of motion, palpable click with McMurray's test, medial joint line tenderness, no laxity to varus or valgus stress testing, no effusion and calf compartment soft and nontender. Magnetic Resonance Image (MRI) of the left knee, dated 6/3/2013, showed partial-thickness fissuring along the medial patellar facet and effusion within the deep infrapatellar bursa. Diagnoses include left knee chondromalacia and probable meniscus tear. Previous treatment included physical therapy and Vicodin. A request was made for MRI of the left knee without contrast and was not certified in the utilization review on 5/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left knee without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine practice guidelines support a magnetic resonance image (MRI) for acute or chronic knee pain to evaluate for intraarticular pathology to include meniscus and cruciate ligament tears, to evaluate the extent of the injury and help determine whether surgery is indicated. Review of the available medical records, reveals a previous MRI of the left knee in 2013 but fails to document a new injury or any surgical discussion. The practice guidelines do not support repeating a MRI to follow chronic knee pain. As such, the request for a MRI of the left knee without contrast is not medically necessary and appropriate.