

<b>Case Number:</b>	CM14-0074338		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 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 records, presented for review, indicate that this 35-year-old male was reportedly injured on 10/7/2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/20/2014, indicated that there were ongoing complaints of low back pain that radiated in the bilateral lower extremities left greater than right. The physical examination demonstrated bilateral lower extremities deep tendon reflexes right knee 2, left knee 1-2, right ankle 1+, and left ankle trace. Left dorsal lateral foot calf and thigh numbness were greater than right. Motor examination showed 4/5 left ankle inversion. Minimal weakness was on the right ankle. Lumbar spine had decreased range of motion. Straight leg raise on the right was 80 with cross straight leg raising sign and on the left to 70 with ipsilateral sciatica. Diminished left heel walking/toe walking, and heel-toe rising. Diagnostic imaging studies included an MRI of the lumbar spine, dated 1/6/2014, which revealed right herniation and retrolisthesis at L5-S1 and L4-L5 broad disc space. Previous treatment included physical therapy and medications. A request had been made for MRI of the left knee and was not certified in the pre-authorization process on 4/21/2014.

### 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.

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

**Decision rationale:** ACOEM guidelines do support the use of MRI to evaluate most knee complaints after a period of conservative observation care. The clinical parameters for ordering knee radiographs following trauma in this population are: joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk four steps or bear weight immediately or within a week of the trauma, inability to flex knee to 90 degrees. After review of the medical documentation provided, there was insufficient evidence of the left knee to warrant this diagnostic study. Therefore, this request for MRI of the left knee is deemed not medically necessary.