

<b>Case Number:</b>	CM14-0080167		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 33-year-old male with a work injury dated 10/3/12. The diagnoses include left knee pain - rule out internal derangement; post-concussive head pain syndrome; cervicgia with left-sided cervicobrachial syndrome. Under consideration is a request for a left knee MRI. Peer review dated September 12, 2013 recommended to non-certify the request for an MRI of the left knee and physical therapy 2 x 3 sessions. The patient was only found to have tenderness on exam of the left knee without any other findings suggestive of internal derangement. A 4/23/14 appeal for the left knee MRI states that the patient continues to have pain in his left knee with a clicking-like sensation made worse with walking. He notes increased pain at night. He reports intermittent swelling in the left knee. He reports that pain is worse in the infra-patellar region. On physical examination, he has tenderness to palpation over the anterior knee joint. His knee flexion is restricted with associated crepitus and grinding. His knee extension is full. The examination of the left knee reveals tenderness to palpation over the anterior knee joint, decreased range of motion by 20% in flexion, full extension, and mild crepitus/guarding. He has had a left knee x-ray, but has never had an MRI. The plan is to evaluate the pathology in the left knee so that treatment can be directed. Additionally, 2-3 sessions of physical therapy are requested for the continued left knee pain to determine if he has improvement of range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee MRI:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341 and 343. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter: MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter - MRI

**Decision rationale:** Left knee MRI is medically necessary per the MTUS and ODG guidelines. The MTUS ACOEM guidelines state that reliance only on imaging studies to evaluate the source of knee symptoms may carry a 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 diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over-diagnosed by inexperienced examiners, making MRI valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Additionally, the guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The ODG states that if a patient has non-traumatic knee pain, an MRI can be ordered if internal derangement is suspected. The documentation indicates that the patient has persistent knee pain, swelling, decreased knee range of motion, and "clicking" sounds with walking. The patient has not had a prior MRI. It is reasonable to order a knee MRI to further evaluate any internal derangement that may be contributing to his symptoms. The request for left knee MRI is medically necessary.