

<b>Case Number:</b>	CM14-0094835		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 55 year old female who was injured on 7/21/11 after falling off of a chair. She was diagnosed with cervical strain, lumbar strain, left shoulder impingement syndrome, mild medial epicondylitis left elbow, and possible internal derangement of the left knee. She was treated with various medications. Magnetic resonance imaging (MRI) of the left knee was performed on 3/21/2013 which revealed tear of the medial meniscus, mild to moderate degenerative changes, small joint effusion, and mild bone edema. Later, on 6/3/14 a request was made for a left knee MRI by a different physician (family practice).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 03/31/14)

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

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that for special testing such as magnetic resonance imaging (MRI) is

not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, it appears that perhaps the request for a second MRI by a different provider may have been in error, although this is not explained in the notes provided for review. Due to the fact that the worker already had a recent MRI image from a few months prior to this request, there is no need to repeat the test unless there is future evidence and explanation revealing this case as an exception, then it could be reconsidered. Therefore, for now, the MRI of the left knee is not medically necessary.