

<b>Case Number:</b>	CM14-0098578		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 worker is a 50-year-old man involved in a work related injury from 10/10/12. The worker was engaged in his regular work duties when he developed diffuse musculoskeletal pains. His complaints included pain in the left shoulder, left wrist, and back. Around 5/14, it appears that the worker was seen by a provider for right knee pain. There was almost complete range of motion in the knee, with medial and lateral joint line tenderness to palpation. There was positive McMurray's and positive patellofemoral crepitation. Request was made for a magnetic resonance imaging scan (MRI) of the knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee:** Upheld

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

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

**Decision rationale:** The injured worker seems to have knee pain as of 5/14, but as this is an older injury, it is not clear if the injured worker has had prior diagnostic imaging in the past. It is not clear if there was prior treatment such as surgery, injections, or physical therapy. It is not

clear what physical therapy the injured worker had recently been treated with, as well. Guidelines would expect review of prior diagnostic imaging and all prior treatment, prior to certifying a diagnostic imaging study. Absent the answers to these clinically critical questions, the request remains not medically necessary.