

<b>Case Number:</b>	CM14-0099146		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 California. 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 claimant was injured on 04/26/13. MRIs of the bilateral knees are under review. On 02/26/14, a chiropractor indicated that the claimant had a "right knee sprain, strain, resolved." There is no mention of the left knee. On 03/27/14, the claimant was seen by another physician. She had suffered a right distal fibular fracture and underwent ORIF of the right ankle. She had a right knee sprain that had resolved. On 05/21/14, the patient complained of neck, mid back, low back, bilateral extremity pain. Examination of the knees revealed an antalgic gait. There was tenderness of the bilateral medial joint lines, right lateral hamstrings and right infra patellar area. Knee range of motion was normal. The claimant was diagnosed with knee sprains and tear of the medial meniscus of the knee. MRIs of both knees were ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, MRI

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

**Decision rationale:** The history and documentation do not objectively support the request for an MRI of the right knee in the absence of clear evidence of new or progressive focal deficits and/or failure of a reasonable course of conservative treatment for worsening symptoms. The MTUS state in Table 13-5 that MRI may be used to evaluate internal derangements but "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." The claimant previously was noted to have had a right knee sprain that had resolved. It is not clear why she has pain again or whether she was reinjured. The specific indication for this study has not been clearly described and none can be ascertained from the records. The claimant reports pain but there is no documentation of new or worsening findings on physical examination. The knee is not unstable. It is not clear whether the claimant has completed or attempted and failed a reasonable course of conservative treatment for her current symptoms or how the results of this study may change the claimant's course of treatment. The medical necessity of this study has not been demonstrated.

**MRI left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, MRI

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

**Decision rationale:** The history and documentation do not objectively support the request for an MRI of the left knee in the absence of clear evidence of new or progressive focal deficits and/or failure of a reasonable course of conservative treatment for worsening symptoms. The MTUS state in Table 13-5 that MRI may be used to evaluate internal derangements but "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." The specific indication for this study has not been clearly described and none can be ascertained from the records. The claimant reports pain but there is no documentation of new or worsening findings on physical examination. The left knee is not unstable. It is not clear whether the claimant has completed or attempted and failed a reasonable course of conservative treatment for her current symptoms or how the results of this study may change the claimant's course of treatment. The medical necessity of this study has not been demonstrated.