

<b>Case Number:</b>	CM14-0185158		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	08/11/2012
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Preventive 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:

According to the records made available for review, this is a 42-year-old male with an 8/11/12 date of injury and status post intramedullary nailing with locking screws of a distal femur comminuted fracture on 8/11/12. At the time (7/10/14) of request for authorization for MRI of the left knee, there is documentation of subjective (ongoing bilateral knee pain) and objective (antalgic gait) findings, current diagnoses (crush injury with traumatic lesions), and treatment to date (knee brace and medication). There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (initial radiographs nondiagnostic or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement).

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) Internet version 2014; MRI's (magnetic resonance imaging) Indications for imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 344-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Knee, Magnetic resonance imaging (MRI)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee (first 30 days). ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs non-diagnostic; non-trauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee (after 30 days). Within the medical information available for review, there is documentation of a diagnosis of crush injury with traumatic lesions. However, despite documentation of subjective (ongoing bilateral knee pain) and objective (antalgic gait) findings, and given no documentation of knee radiographs, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (initial radiographs nondiagnostic or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement). Therefore, based on guidelines and a review of the evidence, the request for MRI of the left knee is not medically necessary.