

<b>Case Number:</b>	CM14-0186484		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 injured worker sustained a work related injury on April 11, 2012, slipping with a fall approximately twelve feet, landing on cement with injury to the right hip and femur. A Qualified Medical Reevaluation dated September 10, 2013, noted the injured worker underwent an open reduction and internal fixation of the right femur, complicated by a post-operative infection. The Primary Treating Physician's note of July 17, 2014, noted the injured worker continued to have pain in the right hip and knee area. Physical examination was noted to show a positive McMurray test to the right knee, a non-tender greater trochanter, and a limp when walking, favoring the right lower extremity. The Physician noted the diagnoses as status post fracture right femur with rod placement and right knee internally derangement. The injured worker was noted to be total temporarily disabled. The Physician requested authorization of a right knee MRI on October 14, 2014. On October 20, 2014, Utilization review evaluated the request for a right knee MRI, citing MTUS American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines. The UR Physician noted the submitted records did not establish objective findings suggestive of significant pathology that had failed to respond to conservative therapy to support the requested imaging procedure, therefore the recommendation was for non-certification of the request for a right knee MRI. The decision was subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testing: Right Knee MRI:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335, 343-345.

**Decision rationale:** The MTUS Guidelines recommend MRI of the knee to confirm a meniscus tear, only if surgery is contemplated. These guidelines also note that patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. QME dated 9/24/2013 indicates that the injured worker recently had an MRI of the right knee and the results are pending. The results of this MRI and clinical decisions relevant to this MRI are not provided. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Testing: Right Knee MRI is determined to not be medically necessary.