

<b>Case Number:</b>	CM14-0189186		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	03/04/2009
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Emergency 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 59 year old female injured worker suffered an industrial accident on 3/4/2009. Mechanism of injury was described as from a slip and fall down steps. The current treating physician saw the injured worker for an initial exam on 10/8/2014 and then again on 11/10/2014. The physician referenced that he did not have the past medical records/diagnostics at those visits. The symptoms included complaints of pain while standing greater than 30 minutes and inability to stand at work. The exam at that time revealed impaired range of motion, lower back pain, right knee pain, feet pain and bilateral knee swelling with poor toe to heel walking pattern. There is no detailed exam of the knee documented. Last knee exam was from 5/2014. The diagnoses were lumbar spine spondylosis and degenerative joint disease of the bilateral knees. Patient had reportedly completed "some" physical therapy. Review of records show that patient has had chronic complaints of knee pains. The UR denial on 11/19/2014 for Magnetic Resonance Imaging of the right knee there was not required evidence of mechanical symptoms or clinical evidence of a tear per the guidelines. The UR decision denial of 11/19/2014 for Magnetic Resonance Imaging of the lumbar spine stated there was no evidence of severe or progressive neurological deterioration required by the guidelines.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As per ACOEM Guidelines, Knee imaging are recommended in red flag findings, failure to improve or signs of specific joint pathology requiring surgical intervention such as ACL tears. Documentation does not support any of those criteria. There are red flag findings or documentation consistent with any pathology requiring surgical intervention. There is a no documentation of adequate conservative treatment of this knee complaint which appears chronic. MRI of the knee is not medically necessary.