

<b>Case Number:</b>	CM14-0189350		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	11/04/2014
<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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 is a 46 year old female with a March 30, 2011 date of injury. A progress note dated October 15, 2014 documents subjective complaints (pain at the anterior patella and distal tibia; giving way of the right knee), objective findings (mild tenderness to palpation about the peripatellar area; decreased range of motion of the right knee), and current diagnoses (patella chondromalacia). Treatments to date have included physical therapy that improved the pain, medications, x-rays of the right knee (showed moderate osteophyte formation of the patellofemoral joint), visco supplementation injection to the right knee that provided 40-50% relief of pain, and right knee surgery. The medical record indicates significant degenerative changes were found during the knee surgery. The treating physician documented a plan of care that included magnetic resonance imaging of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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. There is no evidence, in this case, to support a diagnosis of a meniscal tear, therefore, the request for MRI without contrast, right knee is not medically necessary.