

<b>Case Number:</b>	CM14-0190501		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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:

According to the progress note of July 24, 2014, the injured worker was a 57 year old female receptionist, who was injured on the job, after a fall, on December 13, 2013. The injured worker sustained injuries to the lower back, right thigh, with persistent right elbow symptoms with numbness and tingling radiating to the 3rd and 5th digit of her right hand. The injured worker was capable of working performing desk duty only. The injured worker was diagnosed with lumbar strain, right knee lateral meniscus strain, right shoulder contusion and right elbow medical and lateral epicondylitis with ulnar neuritis. The low back pain radiates to the right thigh. According to the progress note of June 23, 2014, the injured worker's pain was coming from the lower back and right elbow. The right knee was non-ballotable (without pain). According to the progress note of July 24, 2014, the physical exam straight leg exercises were negative. There was some persistent mild tenderness principally about the lateral surface of the right knee with an otherwise unremarkable right knee exam. The documentation submitted for review did not include right knee x-rays or radiology reports. On November 6, 2014, the UR denied a Magnetic Resonance Imaging (MRI) of the right knee as medically not necessary, due the ACOEM guidelines as referenced by the CA MTUS 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg(updated 10/27/14).

**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; Nontraumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs nondiagnostic; nontrauma, 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 diagnosis of right knee lateral meniscus strain. However, despite documentation of persistent mild tenderness principally about the lateral surface of the right knee, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated and radiographs non-diagnostic. Therefore, based on guidelines and a review of the evidence, the request for MRI of the Right Knee is not medically necessary.