

<b>Case Number:</b>	CM14-0198384		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	09/28/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 41 year young female who presents with a work injury dated 9/28/13. The diagnoses are severe left ankle sprain/strain status post-surgery 8/20/14 and left knee sprain/strain rule out internal derangement. There is a 9/3/14 progress note that states that the patient had surgery on 8/20/14 of her ankle. She is casted. She continues to complain of knee pain. The provider states that he will get a knee MRI at this point. On exam the knee shows crepitation with tenderness in the joint lines with negative anterior drawer sign, negative valgus or varus instability. Motor strength is 5-/5 in the left lower extremity. The treatment plan is proceed with the left knee MRI, Norco for severe pain, and therapy.

### 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 342-343.

**Decision rationale:** MRI of the left knee is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that most knee problems improve quickly once any red-flag

issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The physical exam findings do not indicate evidence of red flag conditions or joint instability. The documentation does not reveal any objective knee x-rays prior to ordering an MRI of the knee. The request for an MRI of the left knee is not medically necessary.