

<b>Case Number:</b>	CM14-0198943		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Pain 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:

This is a patient with a date of injury of January 14, 2011. A utilization review determination dated October 28, 2014 recommends noncertification for an MRI of the right knee. Noncertification was recommended due to lack of objective clinical status change that would require a repeat MRI prior to conservative treatment. A report dated September 23, 2014 identifies subjective complaints of pain in the knees and lumbar spine. The patient reports more aggravation of the pain in both the right and left knee and gets relief when he takes medication. Physical examination revealed unrestricted range of motion in the knee with no crepitus. Tenderness is noted in the right medial joint line on the left side with negative orthopedic tests. The left knee has tenderness at the lateral aspect of the inferior pole of the patella. Diagnoses include bilateral knee sprain, lumbar sprain, and insomnia. The treatment plan recommends MRI of the right knee and lumbar spine. A progress report dated August 14, 2014 has similar examination findings and recommends an MRI of the right knee. A progress report dated April 29, 2014 states that he was recommended for the patient to join a gym for strengthening and stretching on a regular basis. The report dated October 23, 2014 states that the patient underwent an MRI of the left knee on February 22, 2011. Additionally, he had attended 40 sessions of physical therapy in 2011 and 24 sessions of chiropractic care. He also had acupuncture with no pain relief.

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1 and 13-3, and 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI.

**Decision rationale:** Regarding the request for MRI right knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise); diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. ODG recommends plain radiographs in the absence of signs/symptoms of internal derangement or red flags. Within the medical information made available for review, there is no documentation that radiographs are nondiagnostic, identification of any red flags or documentation that conservative treatment aimed towards the right knee has failed. In the absence of such documentation, the currently requested MRI right knee is not medically necessary.