

<b>Case Number:</b>	CM14-0064533		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old male patient, who sustained an industrial injury on 7/30/13. He has reported right hip and leg pain. The diagnoses have included hip/pelvic pain, right leg pain and sciatica. He sustained the injury after he slipped and hit his right leg. Per the doctor's note dated 2/13/14, he had complains of right hip, right thigh, right knee, right calf, right heel, right ankle and right toe pain. The physical examination revealed lumbar spine- paraspinal tenderness, restricted range of motion and positive straight leg raising on the right side; right knee- tenderness to palpation over the posterior ligament line and positive Mc Murray test. Physical exam performed on 1/29/14 revealed mild-moderate tenderness with palpation and mild swelling of the mid buttock to the lateral trochanter region with decreased range of motion. Per the note dated 11/13/2013, the medications list includes naproxen, zanaflex and ultracet. He has had physical therapy visits for this injury. Per the note dated 1/8/2014, he has had right femur X-ray on 10/31/13 which revealed no acute findings. On 4/8/14 Utilization Review non-certified a right knee (MRI) magnetic resonance imaging, noting the no documentation of planned surgery or need to determine the extent of (ACL) anterior Cruciate Ligament tear preoperatively to warrant this request, there is no documentation of red flags or concern on plain films to warrant the request. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 5/5/14, the injured worker submitted an application for IMR for review of right knee (MRI) magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Page 343: Table 13-5. Ability of Various Techniques to Identify and Define Knee Pathology.

**Decision rationale:** Request: Right Knee MRI Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." Failure of previous conservative therapy including physical therapy and pharmacotherapy for the right knee is not specified in the records provided. The detailed history and examination of the right knee from the date of injury (7/30/2013), till the doctor's note dated 2/13/2014, is not specified in the records provided. A right knee X-ray report is also not specified in the records provided. The medical necessity of the right knee MRI is not fully established for this patient.