

<b>Case Number:</b>	CM14-0067337		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 57 year old male patient who sustained an industrial injury on 08/16/2012. The accident was described as a fall with resulting injury. Diagnostic radiology study performed on 08/16/2012 noted the patient status post fall and being admitted for further evaluation. A primary treating office visit dated 10/09/2013 reported the patient with subjective complaint of left knee pain. He was diagnosed with tibial fracture and was to remain off from work until 11/06/2013. A follow up visit dated 04/02/2014 reported subjective complaint of left knee pain gradually getting worse. She also still has complaint of left leg discomfort. She did undergo another magnetic resonance imaging study of left knee on 05/24/2014. By 01/13/2015 the treating diagnoses included a torn meniscus. The patient had authorized to undergo physical therapy sessions and was to remain off from work through 02/13/2015. On 01/15/2015 the patient underwent arthroscopic partial meniscectomy, chondroplasty, and synovectomy. On 02/24/2015 she had a preliminary psychological evaluation.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, magnetic resonance imaging left knee is not medically necessary. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; non-traumatic knee pain, patellofemoral symptoms; non-traumatic knee pain initial antero- posterior and lateral radiographs are non-diagnostic. Postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker's working diagnoses are tibial plateau fracture left knee; chondromalacia of the patella left knee; and posttraumatic stress syndrome. An MRI was performed May 16, 2013. It showed joint effusion with chondromalacia of the patella and arthritic changes in the knee joint. The request for authorization is dated April 2, 2014. The documentation was handwritten and largely illegible. There is no legible clinical rationale for repeating the MRI of the left knee. There were no significant findings in the first MRI dated May 16, 2013. Consequently, absent compelling clinical documentation with a clinical rationale for repeating an MRI of the left knee, magnetic resonance imaging of the left knee is not medically necessary.