

<b>Case Number:</b>	CM15-0006763		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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  
Certification(s)/Specialty: Emergency 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 65 year old female, who sustained a work related injury on 12/23/13. The diagnoses have included Left knee derangement and right knee pain. No treatments have been done with right knee. Most therapy has been done to the left knee. Last progress note is dated 11/14/14. The injured worker complains of right knee pain that is getting worse. Objective exam reveals cracking and crepitation of right knee. McMurray positive. She complains of trouble with kneeling and squatting and has knee joint tenderness. Range of motion is mildly limited. Note mentions that patient will likely require L knee surgery. There is no other rationale concerning why an MRI of R knee was requested. MRI of L knee (5/29/14) revealed horizontal tear of posterior horn of meniscus and mucoid degeneration and severe degenerative changes and effusion. Patient has undergone physical therapy for L knee. No therapy or imaging has been for the R knee. On 1/7/15, Utilization Review non-certified a request for an open MRI of right knee. The California MTUS, ACOEM Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) open MRI of the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria since pain is acute with no proper documentation of prior conservative care or any sudden change in pain or objective findings. There were no basic imaging reports provided for review. Patient has had chronic L knee knee for years. This R knee pain may be compensatory related pain and the provider has failed to provide any basic assessment or conservative care before requesting MRI. MRI of Right knee is not medically necessary.