

<b>Case Number:</b>	CM15-0101985		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/10/2015
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 57 year old female, who sustained an industrial injury on 2/10/15. She reported knee pain. The injured worker was diagnosed as having contusion of bilateral knees and bilateral knee osteoarthritis. Treatment to date has included physical therapy, a home exercise program, and medication including Hydrocodone APAP. Currently, the injured worker complains of left knee pain and mechanical symptoms. It is occasionally catching when she tries to extend it. The treating physician requested authorization for a MRI of the left knee. The treating physician recommended a MRI to rule out a chondral flap or meniscus tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 335.

**Decision rationale:** The patient sustained an injury in February of 2015. She subsequently complains of knee discomfort and has been diagnosed with knee contusion and osteoarthritis. She has been treated with pain medication and physical therapy. There is concern with regards to a potential meniscus tear with symptoms of occasional catching with knee extension. The ACOEM guidelines state that an MRI should be used as a diagnostic evaluation to rule out a meniscus tear only if surgery is contemplated. Otherwise, the evaluation would rarely change the course of therapy. There is inadequate documentation or discussion of the treatment plan or surgical consideration based on the study results. Therefore, the requested medical treatment is not medically necessary.