

<b>Case Number:</b>	CM15-0102211		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	05/20/2005
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/16/2015
<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:

This 47-year-old male sustained an industrial injury on 5/20/05. He subsequently reported bilateral knee and low back pain. Diagnoses include lumbar spine radiculopathy, lumbar spine sprain/ strain and bilateral knee meniscal tear. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back and bilateral knee pain. Upon examination, there was tenderness noted in the right knee, lumbar spine and right shoulder. McMurray's sign was positive bilaterally. Positive patellar grinding and positive anterior drawer sign was noted. A request for MRI of the right knee and MRI of the left knee was made by the treating physician.

### 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 Page(s): 329-353.

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

**Decision rationale:** The requested MRI of the right knee is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The treating physician has documented tenderness noted in the right knee, lumbar spine and right shoulder. McMurray's sign was positive bilaterally. Positive patellar grinding and positive anterior drawer sign was noted. There is insufficient documentation of failed conservative treatments. The criteria noted above not having been met, MRI of the right knee is not medically necessary.

**MRI of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-353.

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

**Decision rationale:** The requested MRI of the left knee, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The treating physician has documented tenderness noted in the right knee, lumbar spine and right shoulder. McMurray's sign was positive bilaterally. Positive patellar grinding and positive anterior drawer sign was noted. There is insufficient documentation of failed conservative treatments nor positive exam findings involving the left indicative of internal derangement. The criteria noted above not having been met, MRI of the left knee is not medically necessary.