

<b>Case Number:</b>	CM15-0103233		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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 26-year-old male, who sustained an industrial injury on 5/3/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic regional pain syndrome in right hand, lower extremities and back. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 2/6/2015, the injured worker complains of feeling like his body is shutting down, right hand weakness, bilateral lower extremities pain and weakness and low back pain with muscle spasm. Physical examination showed neck stiffness and diffuse muscle tenderness. The treating physician is requesting a right lower extremity knee magnetic resonance imaging with Doppler ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lower extremity knee MRI with Doppler Ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Diagnostic Ultrasound.

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

**Decision rationale:** The requested Right lower extremity knee MRI with Doppler Ultrasound, 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 injured worker has right hand weakness, bilateral lower extremities pain, weakness, and low back pain with muscle spasm. Physical examination showed neck stiffness and diffuse muscle tenderness. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, not recent physical therapy trials for the affected joints. The criteria noted above not having been met, Right lower extremity knee MRI with Doppler Ultrasound are not medically necessary.