

<b>Case Number:</b>	CM15-0143903		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 44-year-old female who sustained an industrial injury on 04-03-2012. She reported a fall in which she injured the left side of the body with pain in the neck and back. The injured worker was diagnosed as having: Contusion of knee; Old bucket handle tear of the medial meniscus; Chondromalacia of the patella. Treatment to date has included chiropractic care, home exercises, stretching and pain management. Currently, the injured worker complains of left shoulder, lumbar spine and knee pain. The left knee was continuing to ache, pop, lock, catch, and buckle. Her pain with medications was rated as a 1 on a scale of 0-10, with medication, and a 2 on a scale of 0-10 without pain medications. Physical exam of the left knee found positive crepitis and grind with tenderness to palpation of the patella. A request for authorization was made for the following: MRI of left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** According to MTUS guidelines, MRI has a low ability to identify pathology for regional pain. However, it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient does not have any evidence of the pathology that could be identified with MRI. Therefore, the request for left knee MRI is not medically necessary.