

<b>Case Number:</b>	CM15-0145438		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/10/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of May 11, 2009. In a Utilization Review report dated July 27, 2015, the claims administrator failed to approve a request for knee MRI imaging. The claims administrator referenced a progress note and an associated RFA form of July 6, 2015 in its determination. The applicant's attorney subsequently appealed. On said RFA form of July 6, 2015, acupuncture, knee MRI imaging, Mobic, Flexeril and a topical compounded cream were endorsed. In an associated progress note of the same date, July 6, 2015, the applicant reported multifocal pain complaints of elbow, wrist, back, leg, neck, and arm pain, highly variable, 4-7/10. The applicant underwent computerized range of motion testing in the clinic. The applicant was placed off of work, on total temporary disability. The treating provider, a pain management physician, suggested the applicant to obtain MRI imaging of the knee. Mobic, Flexeril, and a topical compounded medication were endorsed, while the applicant was kept off of work. Acupuncture was sought. The treating provider did not state what was suspected insofar as the knee MRI was concerned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) MRI for the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** No, the proposed MRI of the knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging of the knee may be employed to confirm a diagnosis of meniscus tear, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. Little-to-no rationale accompanied the July 6, 2015 RFA form. The request in question was initiated by a pain management physician/physiatrist (as opposed to a knee surgeon), significantly reducing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. The multifocal nature of the applicant's pain complaints, which included the neck, knees, shoulders, wrist, spine, etc., significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.