MAXIMUS Federal Services

| Case Number: | CM15-0165457 | | |
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| Date Assigned: | 09/10/2015 | Date of Injury: | 03/13/2013 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 07/29/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

## 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: North Carolina
Certification(s)/Specialty: Family Practice

## 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 36 year old male, who sustained an industrial injury on March 13, 2013, incurring left knee injuries. He was diagnosed with Treatment included physical therapy, bracing of the knee, pain medications, and a left knee arthroscopy, and chondroplasty on September 6, 2013. He continued to have persistent left knee pain and stiffness. Magnetic Resonance Imaging on April 16, 2014 revealed a chronic sprain of the medial cruciate ligament. He continued with physical therapy and pain management. Currently, the injured worker complained of left knee and ankle pain with low back pain radiating to the left leg with limited range of motion. The treatment plan that was requested for authorization on July 22, 2015, included a Magnetic Resonance Imaging of the left quadriceps tendon. The request for the Magnetic Resonance Imaging of the left quadriceps tendon was denied by utilization review on July 29, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left Quadricep tendon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM chapter on knee complaints states: Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over-diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Table 13-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The patient does not meet criteria for imaging as defined in the ACOEM and the request is thus not certified and therefore is not medically necessary.