

<b>Case Number:</b>	CM15-0166929		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/17/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 74 year old female who sustained an industrial injury on 7-17-10. Progress report dated 6-23-15 reports follow up after recent knee surgery to left knee. She has complaints of residual pain and difficulty walking. She is currently in physical therapy. She reports a fall on 2-11-15 and resulted in an injury to her right knee. Diagnoses include: current tear of medial cartilage or meniscus of knee, lumbosacral radiculopathy, shoulder tendinitis bursitis and meniscal tear medial. Plan of care includes: request MRI of right knee and medications refilled. Work status: remain off work.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-339.

**Decision rationale:** The request in this injured worker with chronic neck pain is for a MRI of the knee. The records document a physical exam with pain but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, a MRI of the right knee is not medically indicated. The medical necessity of a knee MRI is not substantiated in the records. Therefore, the request is not medically necessary.