

<b>Case Number:</b>	CM15-0166963		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/06/2015
<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:

This injured worker is a 62 year old female who reported an industrial injury on 8-18-2011. Her diagnoses, and or impression, were noted to include lumbar radiculopathy. No current imaging studies were noted. Her treatments were noted to include psychiatric evaluation and treatment; medication management; and modified work duties following a rest from work. The progress notes of 7-23-2015 reported a follow-up evaluation that reported significant improvement since her last exam; that her medications had not been approved; and that she complained of back and knee pain, and difficulty going up-and-down stairs. Objective findings were noted to include tenderness to pressure over the medial knees, and functional limits with range-of- motion; positive McMurray's test to the bilateral knees; and exquisite tenderness to the lumbar para-vertebral spine, with reduced sensation to the bilateral sacral dermatomal distribution, and positive bilateral straight leg raise. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left 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 pain is for a MRI of the knee. The records document a physical exam with pain and decreased range of motion 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 left knee is not medically indicated. The medical necessity of a knee MRI is not substantiated in the records and therefore is not medically necessary.

**MRI 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 pain is for a MRI of the knee. The records document a physical exam with pain and decreased range of motion 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 and therefore is not medically necessary.