

<b>Case Number:</b>	CM15-0181261		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	07/06/2015
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 54 year old male, who sustained an industrial injury on 07-06-2015. He has reported injury to the left knee. The injured worker has been treated for left knee sprain-strain and sciatica. Treatment to date has included medications, diagnostics, bracing, activity modification, and physical therapy. Medications have included ibuprofen, Anaprox, and Orthonetic gel. A progress report from the treating physician, dated 08-04-2015, documented an evaluation with the injured worker. The injured worker reported left knee pain and he has difficulty with activities of daily living due to pain to left knee. Objective findings included condition is unchanged and he has had trial of medication, physical therapy, and rest at work. The treatment plan has included the request for 1 magnetic resonance imaging of the left knee without contrast as an outpatient. The original Utilization Review dated 08-14-2015, non-certified a request for 1 magnetic resonance imaging of the left knee without contrast as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Magnetic Resonance Imaging of the Left Knee without contrast as an outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** Per the cited ACOEM guideline, special studies are not needed to evaluate most knee complaints, until after a period of conservative care and observation. However, if there is a history of trauma with red flags, such as inability to walk four steps, or inability to flex knee to 90 degrees. ODG further states repeat MRI may be recommended post-surgical if there is need to assess knee cartilage repair tissue. Based on the minimal available medical record documentation for the injured worker, there are no red flags, unknown recent trauma, and unknown previous knee surgeries. He has undergone a trial of conservative management with medication, physical therapy, and rest at work, which is a reasonable option prior to proceeding with an MRI. However, the treating provider documented a minimal history and there is no physical exam findings listed. Therefore, the request for 1 magnetic resonance imaging of the left knee without contrast is not medically necessary at this time.