

<b>Case Number:</b>	CM15-0182504		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/30/2015
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old female, who sustained an industrial injury on 6-30-2015. The medical records indicate that the injured worker is undergoing treatment for bilateral knee sprain-strain, rule out derangement. According to the progress report dated 8-7-2015, the injured worker presented with complaints of frequent, moderate pain and soreness in the bilateral knees (slight improvement). The level of pain was not rated. The physical examination of the bilateral knees reveals moderate palpable tenderness, reduced range of motion, and positive mobility and valgus. The current medications are not specified. Treatments to date include chiropractic. Work status is described as modified duty. The original utilization review (9-9-2015) had non-certified a request for MRI of the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the right knee, without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging) online version updated 7/10/2015.

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

**Decision rationale:** ACOEM recommends regarding special studies regarding the knee "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation...Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion." The records in this case do not clearly document a differential diagnosis for the requested imaging study, nor does it appear that a period of initial conservative treatment has been attempted. This request is not medically necessary.