

<b>Case Number:</b>	CM15-0190909		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 61 year old female who sustained an industrial injury December 22, 2014, after a slip and fall, with pain to her bilateral knees, left elbow, bilateral wrists and left lower leg. She underwent x-rays and reportedly had a fracture of the left kneecap. There are no x-ray or MRI reports available for review in the current medical record. She was treated with medication and placed in an immobilizer for the left knee injury, physical therapy, and recommended exercise. According to a primary treating physician's handwritten progress report dated August 24, 2015, the injured worker presented with low back pain and bilateral knee pain, greater on the left. She rated her pain 6 out of 10. She reports standing increases her pain in the left extremity and bilateral feet, and bending squatting, and stooping increases her lumbar pain. Objective findings included lumbar spine and right and left knee tenderness. Diagnoses are fracture left patella; right knee sprain, strain; lumbosacral spine sprain, strain. Treatment plan included acupuncture for the right and left knee, continue with Lidoderm patches, refill transdermal creams and at issue, a request for authorization dated August 24, 2015, for a left knee, joint of lower extremity MRI with dye. According to utilization review dated September 18, 2015, the request for an MRI, joint of lower extremity with dye, left knee is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, Joint of Lower Extremity w/ Dye - Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004, and Ankle and Foot Complaints 2004.

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

**Decision rationale:** The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. 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. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. The patient has no instability of the joint on exam and not signs of ligament damage or tear. Therefore, the request is not medically necessary.