

<b>Case Number:</b>	CM15-0190938		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	01/09/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/16/2015
<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 31-year-old female who sustained an industrial injury on 1-9-2015. Diagnoses have included right knee strain, right knee internal derangement, and rule out meniscal tear. The injured worker reported that she previously had X-rays, but no other diagnostic tests. The medical record provided includes an MRI for the right knee dated 8-11-2015 with impression noted as extensive scarring in the Hoffa's fat pad, no evidence of meniscus tear, intrameniscal degeneration of posterior horn of the medial meniscus, and a 3 cm popliteal cyst. Documented treatment includes 6 sessions of physical therapy, use of a knee brace, injections, "manipulating therapy," extracorporeal shockwave treatments, work restrictions, and medication. Tramadol was stated at the 8-22-2015 visit as "not helping" and she was requesting "something stronger." The injured worker continues to walk with an antalgic gait with use of a cane. 7-2-2015 she reported that pain increases with walking, standing, bending and straightening the knee, and using stairs. She also experiences swelling, popping and clicking. Pain was rated at 9 out of 10 at that visit. On 8-22-2015, right knee pain was noted as 10 out of 10 and "worsening." Examination revealed "decreased range of motion" flexion 120 degrees and extension at 0. There was tenderness over medial joint line, and McMurray's and Patellofemoral grind tests positive. All other tests were noted as negative. The treating physician's plan of care included a request for an MRI of the right knee, but this was denied on 9-16-2015. She is currently not working.

### 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:** Decision based on MTUS Knee 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 previous MRI did not show any serious pathology. Therefore, the request is not medically necessary.