

<b>Case Number:</b>	CM15-0194413		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old female sustained an industrial injury on 12-9-13. Documentation indicated that the injured worker was receiving treatment for cervical spine disc protrusion with bilateral radiculopathy and left knee internal derangement. Previous treatment included physical therapy and medications. In a PR-2 dated 6-1-15, the injured worker complained of ongoing pain and grinding to the left knee. Physical exam was remarkable for left knee with moderate effusion, tenderness to palpation about the medial, lateral and patellofemoral joint line, crepitus upon range of motion, positive McMurray test in the medial compartment, positive Apley's, test, range of motion 0 to 120 degrees and 5 out of 5 lower extremity strength. The injured worker received a Toradol injection during the office visit. The treatment plan included a prescription for Motrin. In a qualified medical evaluation dated 6-2-15, the physician stated that the injured worker underwent magnetic resonance imaging of the left knee (undated) that revealed a meniscal injury. In a PR-2 dated 7-13-15, the injured worker complained of ongoing pain and swelling to the left knee that increased with weight bearing. Physical exam was unchanged. The injured worker received a Toradol injection during the office visit. The treatment plan included a prescription for Motrin. In a PR-2 dated 9-21-15, the injured worker complained of ongoing pain and popping to the left knee, especially when going up and down stairs. Physical exam was unchanged. The injured worker received a Toradol injection during the office visit. The treatment plan included magnetic resonance imaging left knee to rule out medial meniscal tear and medications (Motrin and Fioricet). On 10-2-15, Utilization Review noncertified a request for magnetic resonance imaging left knee to rule out medial meniscal tear.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left knee to rule out medial meniscal tear as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work injury in December 2013 when she slipped while exiting her car. She felt landing on her left knee and the left side of her back. She was seen for a PQME in June 2015. The report references the claimant as having undergone an MRI of the left knee showing a meniscal injury. When seen by the requesting provider in September 2015, she was having ongoing pain and popping of the left knee especially when going up and down stairs. Physical examination findings of the knee included a moderate joint effusion. There was joint line tenderness. She had crepitus and pain with range of motion. McMurray's and Apley's testing was positive. There was decreased range of motion. Authorization was requested for an MRI of the left knee. An MRI scan of the knee is sensitive and specific for detecting meniscal tears or ligament injury. In this case, the claimant has already had this test and there is no new injury. Another left knee MRI is not medically necessary.