

<b>Case Number:</b>	CM15-0195053		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/27/2015
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a 55-year-old who has filed a claim for knee pain reportedly associated with an industrial injury of October 27, 2015. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for a knee MRI. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 27, 2015, the applicant was asked to continue physical therapy and pursue knee imaging. On an associated handwritten progress note of the same date, September 27, 2015, the applicant denied any complaints of knee pain. The applicant did report knee clicking. The applicant had reportedly completed therapy, it was stated in one section of the note. The note was very difficult to follow and not altogether legible. The applicant was asked to pursue knee MRI imaging. The requesting provider was a physician assistant, it was incidentally noted. The applicant was described as stable toward the bottom of the note.

### 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, Section(s): Diagnostic Criteria, Special Studies.

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

**Decision rationale:** No, the request for MRI imaging of the right knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a variety of diagnoses, including those of meniscus tear, collateral ligament tear, cruciate ligament tear, posterior cruciate tear, etc., the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335, qualifies its position by noting that such testing is indicated only if surgery is being contemplated. Here, however, the handwritten September 17, 2015 progress note was thinly and sparsely developed, difficult to follow, not entirely legible, did not clearly state what the operating diagnosis or suspected diagnosis was. There was no mention of the applicant's willingness or intent to consider any kind of surgical intervention based on the outcome of the same. The applicant was described as having no pain complaints present on the September 17, 2015 office visit at issue. The applicant was described as having only minor complaints of clicking on that date. It did not appear that the applicant was likely to pursue any kind of surgical intervention based on the outcome of the study in question. The fact that the requesting provider was a physician assistant (as opposed to a knee surgeon) significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.