

<b>Case Number:</b>	CM15-0195059		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	02/10/2015
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/18/2015
<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, Illinois

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 injured worker is a 61 year old male, who sustained an industrial injury on 02-10-2015. The injured worker is currently able to return to full duty as of 09-09-2015. Medical records indicated that the injured worker is undergoing treatment for right knee internal derangement. Treatment has included Naprosyn. After review of the progress note dated 09-08-2015, the injured worker reported right knee symptoms. Objective findings included tenderness to right knee medial joint line. A progress note dated 04-15-2015 indicates the injured worker stated that he "feels fine" and the treating physician noted "full range of motion, no imbalance or joint line tenderness". The Utilization Review with a decision date of 09-18-2015 non-certified the request for MRI of the right knee with contrast.

### 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 with Contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

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

**Decision rationale:** The injured worker sustained a work related injury on 02-10-2015. The medical records provided indicate the diagnosis of right knee internal derangement. Treatment have included Naprosyn. The medical records provided for review do not indicate a medical necessity for MRI of the Right Knee with Contrast. The MTUS states, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." The medical records indicate the injured worker was released to regular duty and from care in 04/2015; there was no information on what transpired afterwards to make the injured worker need additional treatment. There was no documentation of any other form of treatment besides use of NSAIDs; besides, the report did not include a thorough physical examination of the knee. Therefore, the request for MRI is not medically necessary.