

<b>Case Number:</b>	CM15-0200320		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	10/17/2014
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old female, who sustained an industrial injury on 10-17-2014. Diagnoses include bilateral knee pain, left patellar fracture, and status post right knee arthroscopy. Treatments to date were not documented. On 3-3-15, she complained of bilateral knee pain, right greater than left, associated with catching and swelling. Pain was rated 4 out of 10 VAS at baseline. The physical examination documented diffuse right knee pain and slight effusion. There was pain with loading and twisting. The record documented "she does have some degenerative changes as well as cartilage loss." The plan of care included right knee arthroscopy. The appeal requested authorization for a right knee MRI. The Utilization Review dated 9-14-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI (Magnetic Resonance Imaging) of the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** ACOEM recommends regarding special studies regarding the knee "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation....Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion." The records in this case do not clearly document a differential diagnosis or clinical rationale for the requested repeat MRI study; it is not clear what has changed clinically since the prior study. Therefore this request is not medically necessary.