

<b>Case Number:</b>	CM15-0214446		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	06/10/2015
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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(n) 39 year old male, who sustained an industrial injury on 6-10-15. The injured worker was diagnosed as having probable internal derangement of the right knee. Subjective findings (9-29-15) indicated ambulation with crutches and right ankle and knee pain. The injured worker rates his pain 5-6 out of 10. Objective findings (9-29-15) revealed right knee tenderness to palpation with limited flexion and extension due to pain and swelling of the knee. As of the PR2 dated 10-7-15, the injured worker reports pain within the right knee as a result of his altered gait which results from his right ankle injury. Objective findings include tenderness to palpation about the right knee. Treatment to date has included chiropractic treatment x 12 sessions for the neck and right lower leg, Percocet and Naprosyn. The Utilization Review dated 10-21-15, non-certified the request for a right knee MRI.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2013 Knee Disorder, Clinical Measures.

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

**Decision rationale:** The request in this injured worker with chronic knee pain is for a MRI of the knee. The records document a physical exam with reduction in range of motion and pain but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, a MRI of the left knee is not medically indicated. The medical necessity of a knee MRI is not substantiated in the records, therefore is not medically necessary.