

<b>Case Number:</b>	CM15-0220391		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	05/09/2015
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 22 year old male, who sustained an industrial injury on 5-9-2015. The injured worker is undergoing treatment for: left knee pain. On 8-17-15, he reported left knee pain. Physical examination revealed antalgic gait with limp on left leg, inability to heel and toe walk or knee and squat, decreased left knee range of motion, and positive McMurray's sign. On 10-1-15, he was seen in the emergency room for knee pain. Physical examination revealed the left knee "pain and guarding limiting exam" diffuse tenderness with palpation and minimal effusion. On 10-2-15 he reported left knee pain. He indicated having had difficulty with ambulation since the date of injury. His current pain is rated 10 out of 10 after his knee had popped "again" and feels it is so painful that he is unable to bear weight. He is noted to use crutches for ambulation. No documented objective findings. The treatment and diagnostic testing to date has included: multiple physical therapy sessions, crutches, knee brace, emergency room treatment (10-1-15). Medications have included: naproxen, Percocet. Current work status: unclear. The request for authorization is for: MRI of the left knee. The UR dated 10-20-2015: non-certified the request for MRI of the left knee.

### 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:** Overturned

**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): Special Studies.

**Decision rationale:** The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. Upon review of the notes from the previous reviewer, MRI was not approved as both MRI and arthroscopy were requested and based on the physical findings, the diagnosis is clear enough to justify arthroscopy regardless of MRI findings. However, as a future request for arthroscopy may very well be denied by a different reviewer due to lack of confirmation of diagnosis via MRI, it is would still be appropriate to follow through with a repeat MRI of the left knee prior to considering surgery. Clinical signs and history suggested high likelihood for internal derangement or meniscal tear warranting MRI. The request is medically necessary.