

<b>Case Number:</b>	CM15-0038214		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/01/2015

### 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: California, Arizona

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 61-year-old female who reported an injury on 03/27/2014. The mechanism of injury involved a fall. The current diagnoses include a left shoulder contusion, pain in the left shoulder region, pain in the left hand/wrist, and pain in the left knee/leg. The injured worker presented on 01/22/2015 for a follow-up evaluation regarding left shoulder and left knee pain. The injured worker also reported having completed a consultation with an orthopedic surgeon who recommended surgical intervention. The current medication regimen includes Lovaza, triamterene/hydrochlorothiazide, Vytarin, and carvedilol. The injured worker is mildly obese. Upon examination, there was no acute distress. There was tenderness over the posterior aspect of the left shoulder, pain with movement, 110 degree abduction, painful arc from 80 to 110 degrees, and increased pain when rotating the arm in a circular motion. Examination of the left knee revealed tenderness along the medial aspect extending into the infrapatellar area, negative instability, negative Lachman sign, and full extension with 120 degree flexion. Recommendations at that time included an MRI of the left knee and continuation of Naprosyn 500 mg. A Request for Authorization form was then submitted on 01/22/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. In this case, there was no documentation of a significant musculoskeletal or neurological deficit with regard to the right knee. There was no mention of an attempt at recent conservative treatment prior to the request for an imaging study. There was no documentation of a progressive focal deficit for which an MRI would be indicated. Given the above, the request is not medically appropriate at this time.