

<b>Case Number:</b>	CM15-0040807		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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

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 46 year old female with an industrial injury dated 06/28/2012. The injured worker's diagnoses include internal derangement of knee otherwise specified (left), left ankle sprain/strain, and left internal derangement of the ankle and foot. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 02/12/2015, the injured worker presented for left knee pain, ankle pain and instability. The injured worker reported downward radiation with associated numbness and tingling. The injured worker also reported minimal relief from left knee injection dated 01/29/2015. Objective findings revealed effusion of the left knee, tenderness to palpitation of left knee and left ankle joint, and left ankle edema. Positive Mc Murray's sign was also noted on exam. Treatment consisted of diagnostic studies, physical therapy and medication management. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) of left knee w/o contrast now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left knee w/o contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI's (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Tables 13-1, 13-6 and Algorithm 13-3.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the evaluation of patients with knee complaints. Included in these guidelines is Table 13-1; which provides a summary of the red flags for potentially serious conditions. In reviewing the medical records, there is no evidence that the patient is experiencing any of these above stated red flag signs. Table 13-6 provides a summary of evidence and recommendations in the management of patients with knee complaints. MRI imaging is indicated for patients with an ACL tear; however, an MRI is not indicated for collateral ligament injuries. In this case, there is no evidence by history or examination findings that the patient has sustained an ACL tear. Finally, Algorithm 13-3 comments on the evaluation of slow to recover patients with an occupational knee injury. Based on this algorithm, there is no evidence to support the need for MRI imaging. The patient had a prior MRI in August, 2012 which demonstrated a medical collateral ligament injury. Plain films of the knee were done in June, 2014 and were essentially negative. Given the prior imaging, the absence of any documented red flags and the recommendations of the above-cited MTUS guidelines, there is no indication for repeat MRI of the left knee. It is not medically necessary.