

<b>Case Number:</b>	CM15-0043489		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	11/27/1995
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63-year-old female, who sustained an industrial injury on 11/27/95. She reported initial complaints of left knee pain and swelling as a result of an industrial injury. The injured worker was diagnosed as having lateral cartilage or meniscus tear; bilateral carpal tunnel syndrome; degenerative disc disease lumbar spine; degenerative joint disease bilateral knees. Treatment to date has included status post left knee arthroscopies (no dates or operative records); fall injury 11/2014 resulting in treatment for contusion to face and left knee; cane used for ambulation; MRI left knee (no date or report). Currently, per PR-2 hand written notes dated 2/26/15, the injured worker complains of continued left knee pain and swelling along with left wrist to elbow pain. The notes indicate the left knee goes out while walking and exam indicates effusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg procedure summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1, 13-3, page 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI.

**Decision rationale:** Regarding the request for MRI right knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. Within the documentation available for review, it is clear the patient sustained knee trauma in November with worsening symptoms and findings. The knee has not responded to conservative treatment. X-rays have been read as normal. Therefore, MRI of the knee is the next reasonable step in diagnosing whether the patient sustained any additional pathology because of the fall. In light of the above, the currently requested MRI is medically necessary.