

<b>Case Number:</b>	CM15-0052305		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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:

This 30 year old male sustained an industrial injury to the right knee on 12/4/14. The injured worker was diagnosed with right knee sprain/strain. Previous treatment included physical therapy, activity modification and medications. In an orthopedic initial consultation dated 1/29/15, the injured worker reported persistent but improving right knee pain, described as intermittent and slight to moderate. Physical exam was remarkable for right knee without obvious swelling or effusion, tenderness to palpation over the posterior medial hamstrings extending from the joint line to slightly down the calf and slightly up the thigh, some pain with flexion, negative Lachman's and negative anterior/posterior drawer. The physician's assessment was right knee strain versus partial tear medial head gastroc. The treatment plan included right knee magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee MRI:** 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): 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 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. ODG recommends plain radiographs in the absence of signs/symptoms of internal derangement or red flags. Within the medical information made available for review, there is no documentation that radiographs are non-diagnostic, identification of any red flags or documentation that conservative treatment aimed towards the knee has failed. Additionally, it appears that the patient is improving already, and it is unclear exactly what medical decision-making will be based upon the outcome of the requested study. In the absence of clarity regarding these issues, the currently requested MRI is not medically necessary.