

<b>Case Number:</b>	CM15-0052772		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Emergency Medicine

### 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 45-year-old male with an industrial injury dated 09/27/2013. His diagnoses include left shoulder possible internal derangement, low back pain, myofascial in nature and bilateral knee pain with possible internal derangement on the left. Prior treatment is not documented. He presented on 01/21/2015 with complaints of left shoulder, bilateral knee and back pain. Physical examination revealed full range of motion. There was tenderness in the left knee with crepitus on extension. The provider notes the injured worker has difficulty bending, squatting and moving about with swelling of the left knee and crepitus of the right knee. Pain is noted to be chronic and provider is seeing patient for first time due to transfer of care. The provider has failed to provide documentation of any prior imaging or testing or prior care. The provider requested bilateral knee MRIs for evidence of internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left knee:** Upheld

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

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

**Decision rationale:** As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria for knee MRIs for chronic knee pains with no proper documentation of recent attempt at conservative care or any sudden change in pain or objective findings. MRI of left knee IS not medically necessary.

**MRI of right knee:** Upheld

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

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

**Decision rationale:** As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria for knee MRIs for chronic knee pains with no proper documentation of recent attempt at conservative care or any sudden change in pain or objective findings. MRI of left knee IS not medically necessary.