

<b>Case Number:</b>	CM15-0053130		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/12/2015
<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: 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 56-year-old male, who sustained an industrial injury on 02/28/2013. He reported an injury to his left leg. The injured worker is currently diagnosed as having pain in limb and knee pain. Treatment to date has included left knee steroid injection, left knee MRI, physical therapy, and medications. In a progress note dated 12/16/2014, the injured worker presented with complaints of left knee and posterior left leg pain. The treating physician reported requesting authorization for a new MRI of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left knee:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints

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**Decision rationale:** The injured worker is being treated for chronic left knee pain following a slip and fall injury on 2/28/13. MRI dated 4/19/13 reports evidence of suspicious medial collateral ligament sprain and medial femoral condyle defect. Physical examination reveals no limitation in left knee range of motion, negative McMurray's and Lachman's signs. A trial of physical therapy apparently was of no benefit. Following AME, recommendations were given for repeat left knee MRI and surgical consultation. According to MTUS guidelines, for the diagnosis of meniscus tear and collateral ligament tear, MRI is recommended to confirm only if surgery is contemplated. In the case of this injured worker, surgical consultation is planned. Therefore, request for repeat left knee MRI is medically necessary.