

<b>Case Number:</b>	CM15-0088681		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 55 year-old male who sustained an industrial injury on 01/10/12. He reported cumulative trauma to the neck, low back, bilateral shoulders, bilateral hands, and bilateral knees. Initial diagnoses are not available. Diagnostic testing and treatment to date has included radiographic imaging. Available progress note of September 2012, reports the injured worker complains of chronic pain; there were no medical records of treatment. Physical examination is remarkable for both knees demonstrating a relatively neutral alignment with no significant swelling, ecchymosis, or effusion. He has tenderness over the medial joint line. Anterior and posterior drawer tests are negative. Diagnoses include right and left knee sprain-strain, and degenerative joint disease. Requested treatments include MRI of the left knee. The injured worker's status is not available. Date of Utilization Review: 04/20/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** There are no recent x-rays of the knee showing acute findings. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings, acute flare-up, new injuries, failed conservative treatment trial or progressive change to support for the imaging study. The MRI left knee is not medically necessary and appropriate.