

<b>Case Number:</b>	CM15-0089543		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 05/23/2013. He reported injuring his left knee while pushing a wheelbarrow. The injured worker is currently off work, permanent, and stationary. The injured worker is currently diagnosed as having neck sprain/strain, thoracic sprain/strain, and lumbar sprain/strain. Treatment and diagnostics to date has included lumbar spine MRI, cervical spine MRI, acupuncture, left knee surgery, and medications. In a progress note dated 02/11/2015, the injured worker presented with complaints of neck and back pain. Objective findings include tenderness to palpation to back with decreased range of motion, lower extremity strength, and sensation. The treating physician reported requesting authorization for magnetic resonance arthrogram of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR Arthrogram for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-137.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329 - 353.

**Decision rationale:** The patient is a 55-year-old male who reported left knee pain while pushing a wheelbarrow on 05/23/2013. He had left knee surgery. On 02/11/2015, he had neck pain and back pain. He had decreased lumbar range of motion, decreased lower extremity strength and decreased lower extremity sensation. He is off work and P&S. There is no documentation of a new left knee injury. There are no knee red flag signs noted. There is no documentation of progression of knee symptoms. The requested MRI arthrogram of the left knee is not consistent with MTUS, ACOEM guidelines and is not medically necessary.