

<b>Case Number:</b>	CM14-0113261		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 44 year old female with a 1/23/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/4/14 noted subjective complaints of frequent moderate bilateral knee pain described as sharp and aggravated by walking. Objective findings included bilateral knee spasm and anterior joint line tenderness. There was positive varus test bilaterally, along with positive anterior-posterior, McMurray's and Apley's compression tests. Diagnostic Impression: medial meniscus tears of bilateral knees, lateral collateral ligament sprain of bilateral knees. Treatment to Date: right knee arthroscopy, medication management. A UR decision dated 7/11/14 denied the request for 3D Magnetic Resonance Imaging (MRI) of the left knee. There was no objective functional changes documented that might signal significant pathology. Additionally, there is no medical evidence to support the superiority of 3D MRI over conventional MRI. It was noted that the patient had undergone a prior left knee MRI however the report has not been obtained by current provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3D Magnetic Resonance Imaging (MRI) of the left knee:** 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): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter.

**Decision rationale:** CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; non-traumatic knee pain and initial plain radiographs either non-diagnostic or suggesting internal derangement. However, there is no plan that this MRI is intended for pre-operative planning. Additionally, there is note that the patient had prior MRI performed but results are unknown or unavailable. There is no note of interval injury or change to substantiate the need for a repeat MRI. Since conventional MRI is not substantiated, 3D MRI is certainly not indicated. Therefore, the request for 3D Magnetic Resonance Imaging (MRI) of the left knee is not medically necessary.