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| <b>Case Number:</b>   | CM14-0116127 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 12/08/2011 |
| <b>Decision Date:</b> | 10/07/2014   | <b>UR Denial Date:</b>       | 07/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2014 |

### 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 and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 54-year-old individual was reportedly injured on 12/8/2011. The mechanism of injury was noted as a work related injury after getting up from squatting. The most recent progress note, dated 6/10/2014, indicates that there are ongoing complaints of bilateral knees pains right, more than left. The physical examination was handwritten and indicated the patient was in mild distress, with a limping gait favoring the right, bilateral knee soft tissue swelling with medial joint line tenderness, positive patellar compression, limited range of motion, and positive McMurray's test. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for an MRI of the right knee and was not certified in the pre-authorization process on 7/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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:** Treatment: Knee and Leg (Acute and Chronic) Indications for Imaging

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

**Decision rationale:** ACOEM guidelines state an MRI is recommended for selected with subacute or chronic knee symptoms and in which mechanically disruptive internal derangement or similar soft tissue pathology is a concern. It is generally not indicated for patients with acute knee pain. After review of the medical records provided, there was no objective clinical findings of internal derangement or mechanical type pain other than patellofemoral type pain. Therefore, this request is deemed not medically necessary.