

<b>Case Number:</b>	CM14-0123849		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Occupational Medicine 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 28 year old male with a 12/7/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/19/14 noted subjective complaints of right knee pain. Objective findings included patient was able to ambulate and move around the exam room with a cane. An MRI 1/7/13 showed joint effusion and ACL sprain. Diagnostic Impression: right knee sprain, rule out meniscal tear, left ankle sprain, lumbar sprain. Treatment to Date: medication management, physical therapy, chiropractic. A UR decision dated 7/3/14 denied the request for MRI of the right knee. The history and documentation do not objectively support the request for a repeat MRI in the absence of clear evidence of new or progressive focal deficits and/or failure of a reasonable course of conservative treatment. The specific indication for this study has not been clearly described.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): page 343 knee MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter

**Decision rationale:** The ACOEM Guidelines 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, the ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. However, the patient is noted to have already had an MRI in 1/13 showing ACL sprain and joint effusion. There is no clear documentation of any interval injury to substantiate a repeat MRI. Additionally, there is no mention of surgical consideration for the patient's knee condition. Therefore, the request for MRI of the right knee is not medically necessary.