

<b>Case Number:</b>	CM14-0128284		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee 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:

Patient is a 44-year-old female who has submitted a claim for bilateral knee chronic strain, rule out meniscal tear associated with an industrial injury date of 9/24/2013. Medical records from 2014 were reviewed. Patient complained of bilateral knee pain, rated 8/10 in severity. Intake of medications provided relief of symptoms. Aggravating factors included prolonged walking and standing. Physical examination of both knees showed tenderness at the medial joint line, positive varus and valgus stress test, positive McMurray's test, and weakness of quadriceps graded 4+/5. Knee range of motion was measured at 140 degrees of flexion and 0 degree extension. Treatment to date has included activity restrictions and medications. Utilization review from 7/20/2014 denied the request for MRI of the right knee because of no specific trauma documented, no prior x-ray performed, and no failure in conservative management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, MRI

**Decision rationale:** As stated on the Knee Chapter of ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended 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 significant trauma to the knee, suspect dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, patient complains of right knee pain, rated 8/10 in severity. Symptoms persisted despite activity restrictions and intake of medications. Aggravating factors include prolonged walking and standing. Physical examination showed tenderness at the medial joint line, positive varus and valgus stress test, positive McMurray's test, and weakness of quadriceps graded 4+/5. Knee range of motion was measured at 140 degrees of flexion and 0 degree extension. The medical necessity for a diagnostic examination has been established given that there are objective findings of knee instability. Therefore, the request MRI OF THE RIGHT KNEE is medically necessary.