

<b>Case Number:</b>	CM14-0131662		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 60-year-old with a reported date of injury of 06/18/2014. The patient has the diagnoses of knee pain. Per the most recent progress notes provided for review by the primary treating physician dated 07/18/2014, the patient had complaints of improved left knee pain. The physical exam noted pain on the lateral aspect of the left knee and limited range of motion. The treatment plan recommendations included continuing physical therapy, referral to orthopedist and request for MRI of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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): 343-347.

**Decision rationale:** The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms

began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. In this case the patient is improving with conservative therapy. Per the progress notes, the physician is ordering the MRI because of the patient's past history of meniscal problems, which is not elaborated on. In addition the physical findings only show a decreased range of motion and some lateral knee pain but no other notation of physical signs of ACL or meniscal tear. For these reasons, criteria per the ACOEM for ordering an MRI of the knee have not been met. Therefore the request is not medically necessary.