

<b>Case Number:</b>	CM14-0135331		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	12/26/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 53-year-old female who reported injury on 12/26/2011. The mechanism for injury was not provided within the medical records. The clinical note dated 07/23/2014 indicated diagnosis of left knee meniscus tear. The injured worker reported swelling, stiffness, and decreased motion to the left knee. The injured worker reported she continued to have night-time pain. On physical examination of the left knee there was tenderness about the anterior aspect, about the lateral aspect, and about the medial aspect. The injured worker's range of motion was flexion of 110 degrees, and extension was 0 degrees. The injured worker had an MRI of the left knee dated 03/14/2012. The unofficial MRI revealed mild intrasubstance degenerative changes within the medial meniscus without discrete articular surface tear; however, stabilizing ligaments of the knee were intact. There were likely minimal early chondromalacia changes within the medial and patellofemoral compartments. The clinical note dated 07/28/2014 indicated the injured worker reported weakness and there was decreased joint range of motion. The injured worker's treatment plan included therapy, exercise, electrical stimulation, and myofascial release. The injured worker's prior treatments included physical therapy. The provider submitted a request for MRI of the right knee. A Request for Authorization was dated 07/28/2014 was submitted for MRI of the right knee; however, a rationale was not provided for review.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 341-343.

**Decision rationale:** The request for MRI of the right knee is not medically necessary. The California MTUS/ACOEM Guidelines recommend a diagnostic MRI after a period of conservative care and observation. Repeat MRIs are recommended if need to assess knee cartilage repair tissue. There is lack of evidence in the documentation provided of exhaustion of conservative therapy such as NSAIDS and physical therapy. In addition, it is indicated the injured worker is participating in physical therapy; however, there is lack of documentation indicating the amount of sessions the injured worker has completed as well as the efficacy of the physical therapy. Moreover, there is lack of documentation including an adequate and complete physical examination of the injured worker's right knee, demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Additionally, the injured worker has already had an MRI of the right knee. Per the guidelines, repeat MRIs are recommended for knee cartilage repair tissue or significant symptom changes, for example, tumor, infection, fracture. Therefore, the request for MRI of the right knee is not medically necessary.