

<b>Case Number:</b>	CM14-0148300		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Internal 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 case of a 40 year old male with date of injury of 1/24/2014. The patient apparently was cutting wood with his left knee on top of a pile of wood and his left knee slipped and fell about 3 feet and landed on a wooden floor. The patient underwent left knee surgery on 5/22/2014. The patient was given a knee brace and 8 sessions of physical therapy with no improvement. He did have moderate pain relief with ice and heat. Based on chart notes from [REDACTED] from 7/22/2014, the patient continues to have left knee pain, swelling, locking and giving way. He reports numbness, tingling and shooting pain down his left leg and on the lateral side. He continues to have moderately severe left knee pain, which is intermittent. He has throbbing, pins and needles, numbness and tingling over the left lower extremity. Pain is increased with extended standing, sitting, walking or exercise and improved with relaxation and rest. He can walk less than a block. He can sit about 30 minutes or an hour. Sometimes, he uses a cane for ambulation. On physical exam, he is unable to squat more than 25%. He has noticeable left knee swelling compared to right. Straight leg raise in a seated position is positive and also increases low back pain. He has radiating pain from his left hip to his left ankle. Motor exam is 4/5 secondary to radiation pain into the left leg. He has tenderness over the inferior medial border of the left knee. Sensation is decreased over the left L5 and S1 region to pinprick, light touch and temperature. He is diagnosed with 1) Status post left knee surgery with internal derangement and residual pain, 2) Left knee arthropathy, and 3) Lumbar radiculopathy. MRI of the left knee is requested for further evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without Contrast Left Knee: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Chapter

**Decision rationale:** According to the Official Disability Guidelines Knee and Leg chapter, an MRI would be recommended for acute trauma to the knee, including significant trauma (e.g. motor vehicle accident), or if there is a suspected posterior knee dislocation or ligament or cartilage disruption. Also, repeat post-surgical MRI's are recommended if needed to assess knee cartilage repair tissue. In non traumatic knee injuries, normal anteroposterior and lateral xrays should be documented prior to proceeding to MRI. In this case, there were documented objective signs of internal derangement of his left knee and no reports of normal knee x-rays were available. Therefore, there is no clear indication for a left knee MRI. Based on the ODG guidelines and review of the evidence in this case, the request for a non contrast MRI of the left knee is not medically necessary.