

<b>Case Number:</b>	CM14-0154947		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/02/2009
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 & Rehabilitation & Pain 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:

The injured worker is a 45-year-old female who reported an injury on 12/11/2009 due to cumulative trauma. On 02/25/2014, the injured worker presented for a left carpal tunnel release. Previous medical history was significant for diabetes mellitus. Past surgical history included a C-section. The patient's physical examination was unremarkable. The diagnoses were preoperative consultation for left carpal tunnel release, diabetes mellitus, microcytic hypochromic anemia, and elevated GGT, AST, and ALT. The provider recommended an MRI scan of the left knee. The provider's rationale was not provided. The Request for Authorization form was not included in medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Scan of Left 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, Knee

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

**Decision rationale:** The request for an MRI of the right knee is not medically necessary. The California MTUS/ACOEM Guidelines state that most knee problems improve quickly once any

red flag conditions are ruled out. Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There is lack of documentation of the injured worker's prior courses of conservative treatment to include medications, physical therapy, or home exercise. Additionally, there is lack of significant objective functional deficits to be addressed by an MRI. As such, medically necessity has not been established.