

<b>Case Number:</b>	CM14-0092792		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53-year-old female was reportedly injured on 3/3/2014. The mechanism of injury was not listed. The most recent progress note, dated 6/2/2014, indicated that there were ongoing complaints of right knee pain and clicking. Physical examination of the right knee demonstrated trace effusion, pain and tenderness along the lateral jointline, normal alignment, limited range motion due to pain, with ligaments appearing stable and without laxity. Plain radiographs of the right knee, dated 6/2/2014, documented fracture healing with minimal displacement and no other fractures or lesions noted. Diagnosis was non-operative right posterior plateau fracture. Previous treatment included immobilization in a cast, TTWB right lower extremity, physical therapy and medications. A request had been made for MRI of the right knee, which was not certified in the utilization review on 6/11/2014.

### 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** MTUS/ACOEM practice guidelines support knee MRIs for selected patients with subacute or chronic knee pain and in which imaging of surrounding intra-articular soft tissue is needed to evaluate the extent of the injury and help determine whether surgery is indicated. MRI is not indicated for patients with acute knee pain. The claimant suffered a right posterior plateau fracture in March 2014. Medical records indicate that the claimant is improving (pain scale 0), and plain radiographs of the knee document a healing plateau fracture. The claimant does not meet guideline criteria for an MRI of the knee at this time. Therefore, this request is not considered medically necessary.