

<b>Case Number:</b>	CM14-0217996		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/23/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 58-year-old male reported a work-related injury involving the right hip and left knee and lumbosacral spine on 12/23/2012. According to the progress notes from the treating provider dated 10/27/2014, the diagnosis is degenerative joint disease of the left knee. He reports severe left knee pain. Previous treatments include medications, epidural steroid injections and knee injections; he had a previous left total knee arthroplasty. The treating provider requests MRI left knee, Smith and Nephew protocol. The Utilization Review on 12/17/2014 non-certified physical therapy two times weekly for three weeks, citing ODG Knee & Leg recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left knee, Smith and Nephew Protocol:** 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 & Leg, Computed tomography (CT)

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

**Decision rationale:** According to MTUS guidelines, knee MRI has a low ability to identify pathology for regional pain. However it has high ability to identify meniscus tear, ligament strain, ligament tear, patella-femoral syndrome, tendinitis and bursitis. The patient does not have any evidence of the pathology that could be identified and best evaluated with MRI. Therefore the request is not medically necessary.