

<b>Case Number:</b>	CM15-0107042		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 49-year-old male injured worker suffered an industrial injury on 12/22/2014. The diagnoses included cervical sprain with cervicgia, lumbar strain, bilateral shoulder sprain, right knee sprain, and rule out tibial plateau fracture. The diagnostics included lumbar x-rays, cervical magnetic resonance imaging, bilateral shoulder x-rays, and left shoulder magnetic resonance imaging. The injured worker had been treated with medications. On 4/15/2015, the treating provider reported neck, bilateral cervicobrachial and bilateral shoulder pain, bilateral upper extremity pain with numbness and tingling, low back pain, right buttock pain, right knee pain and right foot/ankle pain. On exam, there was right knee tenderness. The treatment plan included MRI of the right knee.

### 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 (ODG), knee and leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee  
Complaints Page(s): 346.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. In this case, there was no acute injury. Exam findings noted medial joint pain and there were no ACL or collateral ligament exam findings. The request for an MRI of the left knee is not medically necessary.