

<b>Case Number:</b>	CM15-0018478		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	04/28/1999
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The following clinical case summary was developed based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee, hand, and low back pain reportedly associated with an industrial injury of April 20, 1999. In a Utilization Review Report dated December 29, 2014, the claims administrator failed to approve a request for knee MRI imaging. The claims administrator noted that the applicant had undergone earlier knee arthroscopic meniscectomy surgery in February 2014. Progress note of December 24, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant reported ongoing complaints of knee pain. The applicant was apparently using a cane to move about. The applicant's knee had apparently given way on multiple occasions. In December 2014, the applicant had issues with buckling about the knee and reported ongoing complaints of knee pain, 6 to 9/10. The attending provider stated that he suspected that the applicant had some internal derangement of the knee. The applicant's attending provider was the orthopedic knee surgeon, it was stated.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI and ACOEM, Chapter 7, Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

**Decision rationale:** 1. Yes, the proposed knee MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 13, Table 13-2, page 335, knee MRI imaging is recommended to confirm the diagnosis of meniscus tear, as was/is suspected here. ACOEM does qualify its recommendation by noting that such specification is indicated only if surgery is being considered or contemplated. Here, the requesting provider was an orthopedic knee surgeon, significantly increasing the likelihood that the applicant would act on the results of the proposed knee MRI and/or considering surgical intervention based on the outcome of the same. The applicant had undergone prior arthroscopic knee surgery, increasing the likelihood of the applicant's obtaining further surgery. The applicant was reporting issues with knee giving way, locking and buckling. The applicant was using a cane to move about. The applicant's presentation, in short, was suggestive of significant internal derangement about the knee. MRI imaging was/is indicated to further evaluate the same. Therefore, the request was medically necessary.