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| <b>Case Number:</b>   | CM15-0111116 |                              |            |
| <b>Date Assigned:</b> | 06/18/2015   | <b>Date of Injury:</b>       | 07/23/2011 |
| <b>Decision Date:</b> | 07/16/2015   | <b>UR Denial Date:</b>       | 06/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2015 |

### 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: New Jersey, Alabama, 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:

The injured worker is a 38 year old male, who sustained an industrial injury on 7/23/2011. The current diagnoses are chronic left knee pain with residual moderate medial compartment and patellofemoral compartment degenerative joint disease, status post left knee arthroscopy. According to the progress report dated 5/26/2015, the injured worker complains of left knee pain. His left knee gives out. He experiences severe pain at night that causes him to have difficulty sleeping. The level of pain is not rated. The physical examination of the left knee reveals swelling, with no significant effusion. There is a palpable rub when palpating the left patella. The medications prescribed are Tramadol, Celebrex, Prilosec, and Colace. Treatment to date has included medication management, x-rays, home exercise program, and surgical intervention times 2. The plan of care includes MRI of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the 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 (ODG), Knee and Leg Chapter.

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

**Decision rationale:** According to MTUS guidelines, 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. On January 23, 2015, the patient underwent a partial medial meniscectomy of the left knee. There has been no change in clinical presentation and no evidence of new pathology that could be identified with MRI. Therefore, the request for MRI of left knee is not medically necessary.