

<b>Case Number:</b>	CM15-0122834		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: 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 injured worker is a 34 year old male, who sustained an industrial injury on 5/22/12. He reported bilateral knee and low back pain. The injured worker was diagnosed as having right lateral meniscus tears. Treatment to date has included medication. Physical examination findings of the right knee on 5/11/15 included pain with patella femoral compression, 1+ effusion, and crepitation. Anterior drawer and posterior drawer's tests were negative. McMurray's test was positive and pain was noted with direct palpation along the lateral joint line. Currently, the injured worker complains of bilateral knee pain. The treating physician requested authorization for a MRI without contrast 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 without contrast of the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter - MRI studies.

**Decision rationale:** MTUS Guidelines supports MRI scanning for potential meniscal damage. ODG Guidelines support repeat MRI studies when post surgical changes need to be evaluated. This individual has a prior MRI which was inconclusive for meniscal tears. He continues to have pain and an effusion after over 1 year of conservative care, but has expressed a wish to avoid surgery. Under these circumstances, a repeat MRI is consistent with Guidelines to evaluate for evidence of worsening meniscal damage. It is necessary for possible surgical planning and is consistent with Guidelines as previously (inconclusive) damaged tissue is being re-evaluated. The right knee MRI without contrast is medically necessary.