

<b>Case Number:</b>	CM15-0125209		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Emergency 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(n) 43 year old male, who sustained an industrial injury on 2/1/11. He reported pain in his right knee related to a slip and fall accident. The injured worker was diagnosed as having status post right knee ACL with mild degenerative joint disease. Treatment to date has included right knee arthroscopy on 8/30/12, a right knee MRI on 6/12/12 and NSAIDs. As of the PR2 dated 6/10/15, the injured worker reports 45% improvement in his right knee pain following a series of Orthrovisc injections. He also reports continued clicking, catching and intermittent swelling. Objective findings include trace effusion, a positive McMurray's and lateral and medial joint line tenderness. Letter of appeal dated 6/23/15 was reviewed. The treating physician requested a right knee MRI without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee MRI without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Knee & Leg (Acute & Chronic) MRI's.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 344, 347.

**Decision rationale:** As per ACOEM Guidelines, MRI of the knee may be considered for pre-operative assessment of meniscus tear or for other ligamentous injury. Patient has had prior arthroscopic surgery and prior MRI. However, documentation shows gradual worsening symptoms with minimal improvement from conservative care. Provider documents MRI will be needed to determine possible meniscal tear and need for potential future surgery. Documentation meets criteria for recommendation for MRI of knee. MRI of knee is medically necessary.