

<b>Case Number:</b>	CM15-0041407		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Physical Medicine & Rehabilitation

### 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 47 year old male, who sustained an industrial injury on 08/08/2013. He reported hurting his right leg and knee after slipping off a truck. The injured worker is currently diagnosed as having right knee pain with evidence of complex tear of the medial meniscus, lumbar radiculopathy, status post closed head injury from fall, secondary depression, right ankle pain, urinary urgency and incontinence due to significant pain in the right knee, right wrist sprain, and left knee pain. Treatment and diagnostics to date has included Orthovisc injections, right knee surgery, right knee MRI, lumbar spine MRI, and medications. In a progress note dated 01/08/2015, the injured worker presented with complaints of right knee pain, low back pain, headaches, right ankle pain, left knee pain, right wrist pain, and recent fall. The treating physician reported requesting authorization for the left knee to rule out internal derangement due to guarding 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 Left Knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 303-305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, MRI.

**Decision rationale:** Per the 02/13/15 report the patient present with Left knee pain compensable consequence because of guarding the right knee s/p Right knee surgery 04/07/14. Examination on the left knee reveals tenderness of the peripatellar region with reduced range of motion on flexion. The patient's listed diagnoses include: Left Knee pain, rule out internal derangement. The current request is for MRI LEFT KNEE. The patient is Temporarily Totally Disabled. ODG guidelines Knee & Leg Chapter, MRI topic, states, "Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI." "Repeat MRIs are recommended if need to assess knee cartilage repair tissue. In determining whether the repair tissue was of good or poor quality." In this case the treating physician notes concern about internal derangement of the left knee, and guidelines recommend MRI for meniscal surface injuries and ligamentous disruption. There is no evidence in the reports provided of a prior MRI Left Knee. The request IS medically necessary.