

<b>Case Number:</b>	CM15-0069553		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	01/19/2015
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 59-year-old female, who sustained an industrial injury on 1/19/15. She reported multiple injuries following a fall. The injured worker was diagnosed as having lumbar strain, left knee pain, left ankle pain and shoulder pain. Treatment to date has included activity restrictions, physical therapy, knee brace, cane for ambulation and oral medications including opioids. Currently, the injured worker complains of pain left knee, right lower back, left ankle, right wrist and right shoulder. Tenderness is noted to palpation of left knee with full range of motion and normal exam of left ankle is noted. The treatment plan included a request for (MRI) magnetic resonance imaging of left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI (magnetic resonance imaging) of the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The requested 1 MRI (magnetic resonance imaging) of the left knee, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The treating physician has documented tenderness to palpation of left knee with full range of motion and normal exam of left ankle is noted. The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, not recent physical therapy trials for the affected joints. The criteria noted above not having been met, 1 MRI (magnetic resonance imaging) of the left knee is not medically necessary.