

<b>Case Number:</b>	CM15-0070108		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/02/2015
<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: 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 49 year old male, who sustained an industrial injury on July 30, 2013. He reported working on a rooftop, falling, and feeling severe pain to his coccyx and tailbone, with excruciating pain to his right leg, hip, and foot from hanging by his right leg. The injured worker was diagnosed as having lumbar disc displacement, lumbar facet hypertrophy, lumbar radiculitis, lumbar stenosis, right hip pain, enthesopathy of the hip, right knee pain right ankle sprain/strain, and pain in the limb. Treatment to date has included electromyography (EMG)/nerve conduction velocity (NCV), MRIs, x-rays, acupuncture, physical therapy, and medication. Currently, the injured worker complains of low back pain radiating to the bilateral hips and abdomen with numbness and tingling, right hip pain radiating to the right leg with numbness and tingling, right knee pain radiating to the right leg with numbness, right foot numbness, and minimal right toes pain and numbness. The Primary Treating Physician's report dated February 26, 2015, noted grip strength testing caused pain at the right wrist. The lumbar spine range of motion (ROM) was noted to be painful, with Kemp's causing pain, and sitting straight leg raise causing pain on the right. The right hip and right foot ranges of motion (ROM) were noted to be painful. The right knee range of motion (ROM) was noted to be decreased and painful with tenderness to palpation of the anterior knee and posterior knee, with McMurray's causing pain. The treatment plan was noted to include a request for authorization for a MRI 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 of right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

**Decision rationale:** MTUS Guidelines support MRI scanning for persistent knee pain with signs and symptoms consistent with a meniscal injury. This individual qualifies with persistent knee pain 1.5 years after the initial injury and exam findings consistent with meniscal injury/tear. The right knee MRI is supported by Guidelines and is medically necessary.