

<b>Case Number:</b>	CM15-0071633		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 56 year old male who sustained an industrial injury on 06/03/2013. Current diagnoses include pain in knee medial meniscus tear, knee lateral meniscus tear, and knee synovitis. Previous treatments included medication management, physical therapy, and right knee surgery. Report dated 03/11/2015 noted that the injured worker presented with complaints that included pain and swelling in the right knee and complaints of left knee pain and stiffness. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included request for authorization of left knee arthroscopy with meniscectomy and follow up in 6 weeks. Disputed treatments include an urgent MRI of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**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): 341-342.

**Decision rationale:** This 56 year old male has complained of knee pain since date of injury 6/3/13. He has been treated with surgery, physical therapy and medications. The current request is for MRI of the left knee. Per the MTUS guidelines cited above, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There is inadequate documentation in the available medical records of a trial of conservative care and observation. Additionally, the position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters for ordering knee radiographs following trauma (1) Joint effusion within 24 hours of direct blow or fall (2) Palpable tenderness over fibular head or patella, (3) Inability to walk (four steps) or bear weight immediately or within a week of the trauma (4) Inability to flex knee to 90 degrees. The available medical records do not document any of these criteria as being present. On the basis of the above cited MTUS guidelines and the available medical documentation, MRI of the left knee is not medically necessary.