

<b>Case Number:</b>	CM15-0072561		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 patient who sustained an industrial injury on 08/28/2014. The initial physician's report of illness dated 08/26/2014 reported the patient having been involved in a motor vehicle accident with resulting back pain, hand pain, neck pain and head pain. He is diagnosed with neck strain, lumbar strain and knee contusion. He was discharged to home with Norco, Motrin, and Flexeril. He is to perform modified work duty through 09/02/2014. Another recent visit dated 03/11/2015 reported subjective complaint of pain in the back of head that travels into the neck. He has bilateral shoulder pains, greater on the left that radiates downward into the left arm and hand. In addition, he is with low back pain and right knee pain. The following diagnoses are applied: post concessional headaches; neck pain with a whiplash and radiculopathy into the left upper extremity; blunt trauma with a twisting injury to the right knee, and low back strain/sprain, stretch injury. The plan of care involved obtaining a neurological consultation, electric nerve conduction study performed, and follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. The patient's physical exam shows only some swelling and tenderness. No red-flag indications are present in the medical record. MRI of the right knee is not medically necessary.