

<b>Case Number:</b>	CM15-0074910		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	12/24/2014
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, Pain Management

### 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 68 year old female with an industrial injury dated 12/24/2014. His diagnosis was sprain/strain of right knee/leg. Prior treatment included physical therapy and medications. She presented on 03/16/2015 for follow up on right knee strain. The injured worker notes she has better motion with physical therapy but continues to have pain with walking. Physical exam revealed a normal gait with full weight bearing on both lower extremities. The right knee was tender on the right medial joint and lateral joint line. There was no effusion present in the knee. Treatment plan included MRI of right knee (no response to physical therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition: [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 348, 350. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Knee & Leg, MRI.

**Decision rationale:** Regarding the request for MRI knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. ODG recommends plain radiographs in the absence of signs/symptoms of internal derangement or red flags. Within the medical information made available for review, the patient is noted to be 68 with no indication that radiographs are nondiagnostic, any red flags, and/or locking, catching, or evidence of ligamentous injury. In the absence of such documentation, the currently requested MRI is not medically necessary.