

<b>Case Number:</b>	CM15-0075859		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Texas, Illinois

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 21 year old female, who sustained an industrial injury on 7/11/14. The injured worker was diagnosed as having severe medial collateral ligament sprain/strain with partial medial collateral tear, lumbar spine disc bulge and right ankle sprain/strain. Treatment to date has included acupuncture, chiropractic treatment, physical therapy and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine was performed on 10/22/14 and (MRI) magnetic resonance imaging of right knee was performed on 9/11/14. Currently, the injured worker complains of intermittent, moderate right knee pain with decreased swelling on medial side and locking; frequent /intermittent, moderate radiating pain and stiffness of lower back and intermittent /occasional, mild pain and soreness of right ankle. The injured worker states pain is decreasing with acupuncture treatments, slight decrease in lower back pain and ankle pain is improving. Physical exam noted moderate palpable tenderness more on medial joint line of right knee with decreased swelling on the medial side; moderate palpable tenderness with slightly improved range of motion of lumbar spine and mild palpable tenderness with improved range of motion of right ankle. The treatment plan included 8 additional acupuncture visits.

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

**Decision rationale:** The injured worker sustained a work related injury on 7/11/14. The medical records provided indicate the diagnosis of diagnosed as having severe medial collateral ligament sprain/strain with partial medial collateral tear, lumbar spine disc bulge and right ankle sprain/strain. Treatment to date has included acupuncture, chiropractic treatment, physical therapy and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine was performed on 10/22/14 and (MRI) magnetic resonance imaging of right knee was performed on 9/11/14. The medical records provided for review do not indicate a medical necessity for MRI Right Knee. The request another MRI right knee is not medically necessary since the injured worker had been noted to have abnormal findings in the MRI of right knee done in 09/2014. The MTUS recommends against over reliance on imaging in order to avoid diagnostic confusion.