

<b>Case Number:</b>	CM15-0078801		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 54 year old female, who sustained an industrial injury on 4/27/13. She reported neck pain, low back pain, bilateral knee pain, and right shoulder pain. The injured worker was diagnosed as having cervical strain, lumbosacral strain with disc bulging and spondylolisthesis, and status post right shoulder arthroscopy. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of neck pain, low back pain, bilateral knee pain, and right shoulder pain. The treating physician requested authorization for MRI of the left knee. A physician's report noted due to the injured worker's abnormal gait she has developed lateral hip sprains and osteoarthritis in both knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The MTUS ACOEM Guidelines state that special testing such as MRI is not needed to evaluate most knee complaints until after a period of conservative care and observation and after red flag issues are ruled out. The criteria for MRI to be considered includes joint effusion within 24 hours of injury, inability to walk or bear weight immediately or within a week of the trauma, and inability to flex knee to 90 degrees. With these criteria and the physician's suspicion of meniscal or ligament tear, an MRI may be helpful with diagnosing. In the case of this worker, there was insufficient documentation to support this request for a left knee MRI. There was only found a report of knee pain and history reported of a previous x-ray of the knees showing arthritis. No physical examination findings of the knees were included besides, "The patient has good range of motion in all joints." Also, there was no record provided discussing which treatment modalities were tried regarding this knee pain before considering imaging. Therefore, without any evidence to support the MRI, it will be considered medically unnecessary.