

<b>Case Number:</b>	CM14-0143509		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 woman whose reported date of industrial injury is 05/29/2010. The patient was last seen on 7/24/2014 at which time the secondary treating provider noted low back pain, knee pain, patellar pain and medial and lateral tenderness. Formal diagnoses listed were cervical and low back pain along with chronic pain syndrome. The plan of care was to continue physical therapy (PT), renew medications and return to clinic in one month. Previously the patient was seen on 6/24/2014 at which time bilateral knee pain was noted and malplacement of the patella was noted. The diagnoses listed were neck pain, s/p knee surgery on the left due to meniscal tear and right knee pain, along with low back pain. The request is for MRI of the right knee. The patient had been treated with electrical stimulation therapy, medications and physical therapy, activity modification as well as work restrictions. It is of note that the patient underwent left knee arthroscopy in 2010 for meniscal injury and tear. In addition, the notes from January 2014 by the orthopedic surgeon noted medial and lateral tenderness on rotation in the right knee and a request for right knee arthroscopy was submitted but this was not approved based on the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, Right Knee:** Overturned

**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 (ODG) Knee, MRI

**Decision rationale:** The patient has failed conservative treatment, has medial joint line tenderness on rotatory stress and has knee pain with tenderness around the patella. This is suggestive of internal derangement of the knee although there is no locking or giving way on weight bearing. An MRI of the right knee would be helpful in determining whether there is severe osteoarthritis, loose body or medial meniscal tear as a source of ongoing symptoms and signs. This may point the way forward in terms of therapy and need for surgery, such as arthroscopic treatment or meniscectomy or even potentially joint replacement. As such, the request for right knee MRI is medically necessary.