

<b>Case Number:</b>	CM16-0249320		
<b>Date Assigned:</b>	01/04/2017	<b>Date of Injury:</b>	11/21/2016
<b>Decision Date:</b>	01/27/2017	<b>UR Denial Date:</b>	12/16/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/28/2016

### 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

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:

This is a 24 year old female with a date of injury on 11-21-2016. A review of the medical records indicates that the injured worker is undergoing treatment for sprain of left knee. According to the progress report dated 11-30-2016, the injured worker complained of left knee pain, swelling and stiffness. The injured worker reported difficulty walking. The physical exam (11-30-2016) revealed tenderness to palpation over the left knee. There was pain with left knee flexion and extension. Treatment has included medication. The treatment plan was for magnetic resonance imaging of the left knee. The request for authorization was dated 12-7-2016. The original Utilization Review (UR) (12-16-2016) denied a request for left knee MRI without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee MRI without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The injured worker sustained a work related injury on 11-21-2016. The medical records provided reveal the diagnosis of sprain of left knee. Treatments have included medications. The MTUS states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. The medical records reveal a request was made for physical therapy on 11/23/16, but the subsequent records were silent on the outcome of the request; therefore it is uncertain whether the injured worker has failed physical therapy. Given the lack of information regarding failure of conservative treatments, the request for left knee MRI without contrast is not medically necessary at this time.