

<b>Case Number:</b>	CM13-0007353		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 patient is a 57-year-old male who reported an injury on 03/03/2011 after a fellow officer rolled onto his knee while making an arrest. The patient ultimately underwent total knee arthroplasty in 09/2012 followed by postoperative physical therapy and medication management. The patient was evaluated on 07/12/2013. It was documented that the patient had continued right knee and lumbar pain. Physical findings included right knee laxity. The patient's treatment plan included an MRI of the thoracic spine, an MRI of the lumbar spine, x-rays of the right knee, and a hinged knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The requested MRI for the thoracic spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends MRIs for the neck and upper back when there are physical findings of neurological deficits that

have failed to respond to conservative treatments. The clinical documentation fails to identify any conservative treatments that have been applied to the thoracic spine. Additionally, there are no neurological deficits that would support the need for an imaging study. As such, the requested MRI of the thoracic spine is not medically necessary or appropriate.

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The requested MRI of the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends lumbar spine MRIs as a diagnostic tool when there is documentation of neurological deficits that require further clarification. The clinical documentation submitted for review does not provide any evidence that the patient has any neurological deficits that would benefit from an imaging study. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

**X-rays right knee 3 views and 3 ft WTB:** 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): 342-343.

**Decision rationale:** The requested right knee x-rays, 3 views, and 3 feet weight bearing is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support x-ray imaging of the knees unless there are red flag conditions to include and inability to bear weight, documentation of significant trauma, or suspicion of fracture. The clinical documentation submitted for review does not provide any evidence that the patient has any red flag conditions. Therefore, the need for x-rays of the right knee is not clearly established. As such, the requested x-rays right knee, 3 views, and 3 feet weight bearing is not medically necessary or appropriate.

**Retrospective request for DME: hinged knee brace:** 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): 340.

**Decision rationale:** The requested hinged knee brace is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends knee braces for patients with patellar instability and anterior cruciate ligament tears or medial collateral ligament tear instability. The clinical documentation submitted for review does indicate that the patient has some knee laxity. However, there is no indication of quantitative measures to support deficits that interfere with the patient's ability to ambulate. Therefore, the need for a hinged knee brace is not medically necessary or appropriate.