

Case Number:	CM13-0036192		
Date Assigned:	12/13/2013	Date of Injury:	08/29/2012
Decision Date:	02/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 56-year-old male who reported an injury on 08/29/2012. According to the documentation dated 09/18/2013, the patient was seen for severe pain in his right knee rated at 8/10 with pain radiating proximally to his hip and traveling down to his foot with numbness and tingling, as well as burning, throbbing, stabbing sensations, described as aching and sharp. The patient had limited range of motion with prolonged standing, walking, sitting, bending, stooping, kneeling, squatting, and lying down which all increased pain in his right knee. The patient sought care at [REDACTED] where x-rays were taken of his right knee. It was noted that he suffered a sprain of his knee and was given a leg brace and crutches, as well as oral medication. A subsequent MRI was performed and the patient was informed he suffered a medial meniscus tear. An ultrasound was also taken which resulted in normal findings. Physical examination performed on 09/18/2013 noted the patient had range of motion of the right knee flexion at 110 degrees to 130 degrees and extension to be 0 or neutral ; however, the patient lacks about 9 degrees of full extension. The patient had positive patellar apprehension, positive patellar grind test with manipulation, and positive medial patella facet tenderness. He also had exquisite tenderness over the body and posterior horn of the medial meniscus, as well as a small palpable Baker's cyst which was tender to touch. The patient was noted to have a positive valgus test, a mildly positive anterior drawer test, as well as a mildly positive McMurray's test, and an antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee between 9/18/2013 and 11/8/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, MRI's (magnetic resonance imaging).

Decision rationale: The Physician Reviewer's decision rationale: Under Official Disability Guidelines, it states that repeat MRIs are utilized for postsurgical needs to assess knee cartilage repair tissue. The documentation dated 12/11/2013 notes the patient has undergone a more recent MRI of the right knee dated 11/29/2013. The findings noted the patient has a complex tear of the body and posterior horn in the medial meniscus, sprain of the medial collateral ligament proximally, possible mild sprain and fibular collateral ligament, popliteal cyst with a small 8 mm loose body, and chondromalacia in the medial compartment, lateral facet and patella, and lateral trochlear articular cartilage. Prior to this MRI, the physician was requesting an MRI of the right knee in 09/2013. However, at neither time has there been an indication the patient was being assessed (via MRI) for a possible surgical procedure. Therefore, the medical necessity for a repeat MRI cannot be established. The physician stated he was merely indicating the necessity of an MRI was to compare the results to a previous MRI to determine if there was a process going on in the right knee. There is no further indication in any of the recent documentation that the use of the MRI was going to pre-assess the patient for a surgical procedure. As such, the requested service is not deemed medically necessary and is non-certified.

right hinged knee brace between 9/18/2013 and 11/8/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: The Physician Reviewer's decision rationale: According to CA MTUS/ACOEM, Functional bracing is optional as part of a rehabilitation program. Under Official Disability Guidelines, the criteria for the use of a knee brace includes knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fractures. In the case of this patient, the physician feels that a hinged knee brace would be supported given the diagnosis of a medial meniscal tear, as well as the patient complaining of the knee feeling loose and not dependable. However, the patient is not noted to have documented instability of the knee and has not undergone prior surgery. As such, the requested service is non-certified.

labs to include CBS, hepatic and arthritis panel, chem. 8 panel, CPK, and CRP between 9/18/2013 and 11/8/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org

Decision rationale: The Physician Reviewer's decision rationale: In the documentation dated 09/18/2013, the patient denied having any history of tuberculosis, cancer, liver problems, syphilis, nervous breakdown, ulcers, gout, or hepatitis. The patient had been noted as suffering from diabetes mellitus and hypertension. Review of the current guidelines yields no results for the use of the requested lab services to manage any of the above diagnoses. Labtestsonline.org states a CBC helps to monitor the condition and/or effectiveness of treatment after a diagnosis is established and to help diagnose various conditions. Labtestsonline.org states a hepatic panel is used to screen for, detect, evaluate, and monitor acute and chronic liver inflammation (hepatitis), liver disease and/or and damage. Labtestsonline.org states a Chem 8 is used to assess kidney function as well as electrolyte balance. Labtestsonline.org state a CPK and CRP is used to determine whether the increase is due to heart damage or skeletal muscle damage. Labtestsonline.org states laboratory testing is often done to help diagnose rheumatoid arthritis, to distinguish it from other forms of arthritis and conditions with similar symptoms, and to evaluate its severity. In the case of this patient, the physician stated baseline labs are good medicine. The labs were to ensure the patient's kidneys and liver are in operating function and that medications will not be harmful rather than beneficial for the patient. However, in reference again to the patient's previous statement denying any history of liver problems, and with no indication this patient will be undergoing a surgical procedure (according to the physician's plan of care) or that there is the suspicion of rheumatoid arthritis or muscle damage. As such, the requested service is non-certified.