

Case Number:	CM14-0016618		
Date Assigned:	04/11/2014	Date of Injury:	02/02/2003
Decision Date:	05/28/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 claimant is presented with a date of injury of February 2, 2003. A utilization review determination dated February 4, 2014 recommends non-certification for an MRI of the right knee and a hinged knee brace. Non-certification of the MRI is due to lack of symptoms or examination findings suggesting internal derangement. Non-certification of a knee brace is due to lack of symptoms or examination findings suggesting a diagnosis for which a knee brace would be supported. A progress report dated April 8, 2014 identifies subjective complaints of low back pain and right knee pain. The note indicates that the patient is not attending therapy and not working at the present time. Objective examination findings identify a slightly antalgic gait, a well-healed lumbar surgical scar, tenderness to palpation around the lumbar paraspinal musculature, and reduced lumbar range of motion. Right knee examination revealed patellar tracking which is abnormal with a positive patellar grind maneuver and tenderness over the medial and lateral aspects of the knee. There is also a mild effusion present and a positive McMurray's test. The diagnoses include right knee internal derangement with trace effusion. The treatment plan indicates that the right knee needs to be addressed currently and should be worked up. Documentation indicates that the patient has subjective complaints of right knee pain with giving way and periodic swelling. Physical examination identifies lateralization of the patella with crepitus present. Motor strength testing identifies 4/5 quadriceps and hamstring strength. The note indicates that meniscal pathology is suggested with the patient's physical examination findings. The note also indicates that a positive varus test and positive valgus test are consistent with medial joint line instability. The MRI is requested to evaluate for a meniscal tear or other internal derangement. The note indicates that the knee brace is to protect the affected knee joint from further stress or re-injury. Additional load placed on the injured knee may aggravate pain and worsen the condition. The requesting physician has stated that an anterior posterior

radiograph would be unable to rule in or rule out internal derangement diagnoses for the patient's knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI SCAN OF THE RIGHT KNEE QUANTITY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG).

Decision rationale: MTUS/ACOEM guidelines state 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. According to the Official Disability Guidelines (ODG) Indications for imaging for MRI (magnetic resonance imaging) states, "Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Nontraumatic knee pain, adult - non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement." Within the documentation available for review, there is indication of knee pain with positive findings supporting a diagnosis of internal derangement. The requesting physician has identified that plain film radiographs will be unable to rule in or rule out internal derangement fine. The patient has had these symptoms for an extended period of time and failed conservative treatment. As such, an MRI of the right knee is a reasonable next step to identify any pathology present in the patient's knee and direct further treatment options. Therefore, the request for MRI scan of the right knee, quantity1 is medically necessary and appropriate.

RIGHT PRO-OTS HINGED KNEE BRACE QUANTITY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG).

Decision rationale: MTUS/ACOEM guidelines states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. The Official Disability Guidelines (ODG) recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, 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 fracture. Within the documentation available for review, there is documentation that the patient has knee instability. The request for right PRO-OTS hinged knee brace is medically necessary and appropriate.