

<b>Case Number:</b>	CM14-0192193		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 70-year-old gentleman with a date of injury of 07/12/2011. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/25/2014 and 10/23/2014 indicated the worker was experiencing right knee pain and lower back pain that went into the right leg. Documented examinations described mild right knee swelling and tenderness in the right lower back, where the lower back and pelvis meet, and right knee. The submitted and reviewed documentation concluded the worker was suffering from lumbosacral spondylosis, sacroiliitis, and right knee pain. Treatment recommendations included oral pain medication, MRI imaging of the right knee, right knee brace for stability, and medication injected into the right sacroiliac joint. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for a right knee brace, an injection of medication into the right sacroiliac joint, and MRI imaging of the right knee. A MRI imaging report dated 09/29/2014 and a QME report dated 10/02/2014 were also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Online Version, Knee Brace

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Brace

**Decision rationale:** The MTUS Guidelines recommend the use of knee braces for instability of the kneecap or specific ligaments in the knee, although the benefit is likely more by increasing the worker's confidence than medical. Bracing is generally helpful only if the worker is performing activities such as carrying boxes or climbing ladders; it is not necessary for the average worker. When bracing is required, proper fitting and combination with a rehabilitation program is required. The submitted and reviewed documentation concluded the worker was suffering from lumbosacral spondylosis, sacroiliitis, and right knee pain. There were no documented examination findings suggesting the right knee was unstable. Further, there was no discussion suggesting the worker was actively performing the type of activities described above. In the absence of such evidence, the current request for a right knee brace is not medically necessary.

**Sacroiliac injection right:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Sacroiliac joint blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Chou R, et al. Subacute and Chronic low back pain: Nonsurgical interventional treatment. Topic 7768, version 18.0. UpToDate, accessed 01/19/2015

**Decision rationale:** The MTUS Guidelines are silent on this issue. The submitted and reviewed documentation concluded the worker was suffering from lumbosacral spondylosis, sacroiliitis, and right knee pain. There is very limited quality research available to support this treatment in this setting, and there was no discussion that sufficiently supported its use. In the absence of such evidence, the current request for an injection of medication into the right sacroiliac joint is not medically necessary.

**MRI right knee:** 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): 339-352.

**Decision rationale:** The MTUS Guidelines recommend the use of MRI imaging of the knee to confirm a meniscal tear if surgery is being considered; to determine the extent of an anterior or posterior cruciate ligament tear; to confirm patellar tendinitis only if surgery is being considered; and to confirm prepatellar bursitis, ligamental strain and patellofemoral syndrome when needed.

The submitted and reviewed documentation concluded the worker was suffering from lumbosacral spondylosis, sacroiliitis, and right knee pain. A MRI imaging report dated 09/29/2014 described a right knee meniscal tear. There was no documentation suggesting surgery was needed or reasons a repeat imaging study was required. In the absence of such evidence, the current request for repeat MRI imaging of the right knee is not medically necessary.