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| <b>Case Number:</b>   | CM15-0131889 |                              |            |
| <b>Date Assigned:</b> | 07/20/2015   | <b>Date of Injury:</b>       | 04/01/2011 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 07/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/08/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male who sustained an industrial injury on 04-01-11. Initial complaints and diagnoses are not available. Treatments to date include medications Supartz injections to the right knee. Diagnostic studies are not addressed. Current complaints include right knee pain. Current diagnoses include right knee meniscal tear, patellofemoral syndrome, and degenerative joint disease of the bilateral knees. In a progress note dated 06-29-15 the treating provider reports the plan of care as medications including Vicodin and Pennsaid, a MRI of the left knee, a left knee consultation, and a neoprene brace for the left knee. The requested treatments include a MRI of the left knee, a left knee consultation, and a neoprene brace for the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for left knee consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Second Edition, 2004, Chapter 7 page 127.

**Decision rationale:** The patient was injured on 04/01/11 and presents with right knee pain. The request is for REFERRAL FOR LEFT KNEE CONSULT. The utilization review rationale is that a clear rationale for the requested specialty referral is not provided. There is no RFA provided and the patient's current work status is not provided. ACOEM Practice Guidelines, Second Edition, 2004, Chapter 7 page 127, has the following, The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. He is diagnosed with right knee meniscal tear, patellofemoral syndrome, and degenerative joint disease of the bilateral knees. The reason for the request is not provided. Given the patient's right knee pain, a second opinion appears medically reasonable. Therefore, the requested left knee consult IS medically necessary.

**MRI of the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Indications for imaging - MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, under MRI.

**Decision rationale:** The patient was injured on 04/01/11 and presents with right knee pain. The request is for MRI OF THE LEFT KNEE due to swelling. The utilization review rationale is that it is unclear whether the claimant has had prior imaging studies. There is no RFA provided and the patient's current work status is not provided. There are no prior MRIs of the left knee provided. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. ODG Guidelines, Knee and Leg Chapter, under MRIs recommends MRIs for acute trauma and non-traumatic cases as well. ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. He is diagnosed with right knee meniscal tear, patellofemoral syndrome, and degenerative joint disease of the bilateral knees. Review of the reports provided does not indicate if the patient had a prior MRI of the left knee. Given that the patient continues with pain to the left knee, the request appears reasonable. The request is medically necessary.

**Neoprene knee brace for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Criteria for the use of knee braces.

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

**Decision rationale:** The patient was injured on 04/01/11 and presents with right knee pain. The request is for NEOPRENE KNEE BRACE FOR THE LEFT KNEE. The utilization review denial rationale is that instability is not noted in the prior examination. There is no RFA provided and the patient's current work status is not provided. ACOEM page 340 recommends "knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program." ODG, Knee and Leg Chapter under Knee Brace, does recommend knee brace for the following conditions knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture. He is diagnosed with right knee meniscal tear, patellofemoral syndrome, and degenerative joint disease of the bilateral knees. There is no indication of any recent surgery the patient may have had. The patient does not present with any of the conditions as indicated by ACOEM and ODG Guidelines. Therefore, the requested Neoprene knee brace IS NOT medically necessary.