

<b>Case Number:</b>	CM15-0139297		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/07/2009
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 53-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 7, 2009. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for knee MRI imaging and a knee brace. The claims administrator referenced a progress note of June 17, 2015 and an associated RFA form received on June 26, 2015 in its determination. The claims administrator incidentally noted that the applicant had a remote history of earlier knee arthroscopy. The applicant's attorney subsequently appealed. On June 17, 2015, the applicant reported ongoing complaints of knee pain. The applicant was described as having undergone knee arthroscopy on June 10, 2011. The applicant was described as having operative findings demonstrating grade 2 bicompartamental knee arthritis. The applicant received viscosupplementation injection therapy. The applicant was described as having clicking and popping about the injured knee. The attending provider stated that an updated knee MRI was warranted but did not state how the proposed knee MRI would influence or alter the treatment plan. The applicant exhibited palpable crepitation about the injured knee with the loss of 10 degrees of extension about the same. Medial and lateral joint line tenderness was appreciated. The applicant was described as carrying an operating diagnosis of bilateral knee arthritis, left greater than right. A knee brace and knee MRI were sought. The applicant was given work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place. The attending provider suggested that the applicant avoid kneeling, squatting, climbing, and/or bending activities. In a June 30, 2015 pain management note, it was acknowledged that the applicant was working with restrictions in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 MRI for the right knee: Upheld**

**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 & Leg (Acute & Chronic), MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 4833. Recommendation: MRI for Routine Evaluation of Acute, Subacute, or Chronic Knee Joint Pathology. MRI is not recommended for routine evaluation of acute, subacute, or chronic knee joint pathology, including degenerative joint disease. Strength of Evidence, Not Recommended, Insufficient Evidence (I).

**Decision rationale:** No, the request for knee MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347 does recommend knee MRI studies to determine the extent of ACL tears preoperatively, here, however, there was no mention of the applicant's carrying a diagnosis of ACL tear for which the applicant was considering or contemplating any kind of surgical intervention on or around the date of the request, June 17, 2015. The stated diagnosis on that date, furthermore, was right knee arthritis, confirmed on intraoperative findings on a knee arthroscopy several years prior. The Third Edition ACOEM Guidelines further note that knee MRI imaging is not recommended for applicants with chronic knee joint pathology, including that associated with degenerative joint disease, as was/is present here. The attending provider failed to furnish a clear or compelling rationale for pursuit of knee MRI imaging in the face of the unfavorable ACOEM position(s) on the same. It was not clearly stated why knee MRI imaging was being sought for an already-established diagnosis of knee arthritis, particularly in light of the fact that neither the applicant nor the attending provider appear to have any actively formed intention of acting on the results of the same. Therefore, the request was not medically necessary.

### **1 Web Reaction brace for the right 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 & Leg (Acute & Chronic), Knee brace.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** Similarly, the request for a Web Reaction brace for the knee was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, a knee brace is "usually unnecessary." The MTUS Guideline in ACOEM Chapter 13, page 340 notes that a knee brace is necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, however, there was no mention of the applicant's climbing ladders and/or carrying boxes on around the June 17, 2015 progress note at issue. The attending provider stated that he had given the applicant restrictions precluding the applicant from

performing climbing, bending, or kneeling tasks. A pain management consultation also reported on June 30, 2015 that the applicant was not performing said tasks and was working with restrictions in place. It did not appear, in short, that the applicant was stressing the knee under load. Therefore, the request for a knee brace was not medically necessary.