

<b>Case Number:</b>	CM15-0199300		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Emergency 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 injured worker is a 31 year old male, who sustained an industrial injury on July 16, 2013, incurring bilateral knee injuries. He was diagnosed with a right internal derangement, right ankle sprain, right tenosynovitis, and left knee internal derangement. He underwent a repair of the torn meniscus in the right knee. Treatment included physical therapy, acupuncture, pain medications, steroid injections, analgesic creams and limited activities. Currently, the injured worker complained of right knee pain rated 6 out of 10 on a pain scale from 1 to 10 increased with activities. He had left knee pain rated 5 out of 10 and was increased with activities. Cortisone injections did not decrease the pain. The injured worker had difficulty rising from sitting, an unsteady gait, and difficulty walking. He noted stiffness, pain and limited range of motion of both knees. The treatment plan that was requested for authorization included one bilateral knee sleeve, one x-ray of the bilateral knees and a prescription for Naproxen 550 mg #60 with 5 refills. On September 21, 2015, a request for a knee sleeve and knee x rays was denied by utilization review and a request for a prescription for Naproxen with 5 refills was modified to one prescription of Naproxen with 1 refill by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral knee sleeve: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee brace.

**Decision rationale:** The requested 1 bilateral knee sleeve is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Table 13-6, page 346 note that knee braces are "Recommended: Short period of immobilization after an acute injury to relieve symptoms"; and Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace note "Knee brace: Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." The injured worker has right knee pain rated 6 out of 10 on a pain scale from 1 to 10 increased with activities. He had left knee pain rated 5 out of 10 and was increased with activities. Cortisone injections did not decrease the pain. The injured worker had difficulty rising from sitting, an unsteady gait, and difficulty walking. He noted stiffness, pain and limited range of motion of both knees. The treating physician has not documented physical exam evidence of knee instability or the other criteria noted above. The criteria noted above not having been met, 1 bilateral knee sleeve is not medically necessary.

**1 x-ray of bilateral knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic) - Radiography.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The requested 1 x-ray of bilateral knee is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, pp. 341- 343, recommend knee x-rays when "Patient is able to walk without a limp" Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: "Joint effusion within 24 hours of direct blow or fall; Palpable tenderness over fibular head or patella; Inability to walk (four steps) or bear weight immediately or within a week of the trauma, Inability to flex knee to 90 degrees." The injured worker has right knee pain rated 6 out of 10 on a pain scale from 1 to 10

increased with activities. He had left knee pain rated 5 out of 10 and was increased with activities. Cortisone injections did not decrease the pain. The injured worker had difficulty rising from sitting, an unsteady gait, and difficulty walking. He noted stiffness, pain and limited range of motion of both knees. The treating physician has not documented the presence of any of the criteria noted above. The criteria noted above not having been met, 1 x-ray of bilateral knee is not medically necessary.

**Naproxen 550mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The requested Naproxen 550mg #60 with 5 refills is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has right knee pain rated 6 out of 10 on a pain scale from 1 to 10 increased with activities. He had left knee pain rated 5 out of 10 and was increased with activities. Cortisone injections did not decrease the pain. The injured worker had difficulty rising from sitting, an unsteady gait, and difficulty walking. He noted stiffness, pain and limited range of motion of both knees. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing, nor the medical necessity for 5 refills without re-evaluation. The criteria noted above not having been met, Naproxen 550mg #60 with 5 refills is not medically necessary.