

<b>Case Number:</b>	CM15-0040408		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 female, who sustained an industrial injury on 5/16/13. She reported pain in the left knee related to cumulative trauma. The injured worker was diagnosed as having left knee osteoarthritis, status post left knee arthroscopy and status post left knee anterior cruciate ligament reconstruction. Treatment to date has included physical therapy, surgery, left knee MRI and pain medications. As of the PR2 dated 1/29/15, the injured worker reports 2/10 pain in the left knee that increases with walking, squatting or climbing. The treating physician noted slight tenderness on palpation in the patellofemoral area of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR Arthrogram left 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): 335-339.

**Decision rationale:** The request in this injured worker with chronic knee pain is for a MR arthrogram of the left knee. The records document a physical exam with reduction in range of motion but no red flags or indications for immediate referral or imaging. An MR arthrogram can help to identify anatomic defects such as meniscus or ligament tears. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, a MR arthrogram of the left knee is not medically indicated. The medical necessity of a knee MR arthrogram is not substantiated in the records.

**Synvisc 1 injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to Date: Treatment of osteoarthritis resistant to initial pharmacologic therapy.

**Decision rationale:** Intraarticular hyaluronate injections are used in individuals with osteoarthritis of the knee who have not responded adequately to or tolerated acetaminophen or NSAIDs or received significant relief from intraarticular glucocorticoids, and in those who no longer respond to these medications. There is concern with the quality of clinical trials and modest level of benefit seen with these injections. In this injured worker, it is not supported that other medications or steroid injections have failed. The medical necessity of a Synvisc injection is not substantiated in the records.

**DME: Don joy lateral J brace-purchase for left knee:** Upheld

**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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340-359.

**Decision rationale:** Per the ACOEM, a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) 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. In this injured worker with chronic knee pain, the records do not substantiate that she has patellar or MCL instability or ACL tear. The medical necessity of a brace for the right knee is not substantiated.