

<b>Case Number:</b>	CM15-0050655		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 21 year old male who sustained a work related injury on August 13, 2014, incurring left shoulder, right knee and left wrist injuries after falling sixteen feet off a roof. He was diagnosed with a distal radial ulnar fracture, laceration to the right knee, ankle sprain and shoulder sprain. Treatment included hand wrist splinting, physical therapy, anti-inflammatory drugs and pain medications. Currently, the injured worker complained of pain and stiffness and instability in the right knee. The treatment plan that was requested for authorization included Magnetic Resonance Imaging (MRI) of the right knee, sixteen sessions of physical therapy, and durable medical equipment, custom posterior cruciate ligament brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the right knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work-related injury when he fell from a roof and continues to be treated for right knee pain. He was seen in an Emergency Room and x-rays were negative for fracture. Treatments have included medications and physical therapy. When seen by the requesting provider there was positive McMurray and posterior drawer testing. Applicable indications for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, the claimant sustained a traumatic injury and plain film x-rays have already been done. Physical examination findings suggest both meniscus and posterior cruciate ligament injuries. The requested MRI of the knee is medically necessary.

**16 sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work-related injury when he fell from a roof and continues to be treated for right knee pain. He was seen in an Emergency Room and x-rays were negative for fracture. Treatments have included medications and physical therapy. When seen by the requesting provider there was positive McMurray and posterior drawer testing. Guidelines recommend up to 12 physical therapy visits over 8 weeks for the treatment of this condition. The number of treatments requested is in excess of the guideline recommendation and therefore not medically necessary.

**Durable medical equipment, custom posterior cruciate ligament (PCL) brace:** Overturned

**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 (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee brace.

**Decision rationale:** The claimant sustained a work-related injury when he fell from a roof and continues to be treated for right knee pain. He was seen in an Emergency Room and x-rays were negative for fracture. Treatments have included medications and physical therapy. When seen by the requesting provider there was positive McMurray and posterior drawer testing. Although there are no high quality studies that support or refute the benefits of knee braces for patellar

instability, anterior cruciate ligament tear, or medial collateral ligament instability, 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. In this case, the claimant has findings of a posterior cruciate ligament tear with instability and has been referred for physical therapy treatments and the brace would be used on conjunction with his therapy. The requested brace is therefore medically necessary.