

Case Number:	CM15-0088194		
Date Assigned:	05/12/2015	Date of Injury:	03/13/2013
Decision Date:	06/16/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/07/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 3/14/13. He reported initial complaints of right shoulder, right wrist and right knee. The injured worker was diagnosed as having right distal radius fracture - status post open reduction internal affixation; right carpal tunnel syndrome; right shoulder pain; right rotator cuff tear; industrial injury right knee. Treatment to date has included physical therapy; medications. Diagnostics included x-rays right knee (no date- no report). Currently, the PR-2 notes dated 4/9/15 indicated the injured worker complains of right knee pain. He describes the pain as being over the medial aspect of the right knee and it is dull and achy. X-rays (no date) demonstrate severe joint space narrowing and bone on bone arthritis with severe subchondral sclerosis and osteophytes. He has end stage varus arthritis of the right knee. He will continue taking anti-inflammatories and treat him conservatively for now. On this date, the provider administered a right knee injection using lidocaine 1%, Marcaine 0.25% and Kenalog 40mg. The physical examination reveals tenderness of the medial joint line and a decreased in range of motion. The provider is requesting a MRI right knee and a compression knee sleeve.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. In this case, the claimant had medial joint line tenderness consistent with meniscal symptoms. In this case, there was no indication of planned surgery. X-rays shows osteoarthritis. The injury was not acute. The request for an MRI of the knee is not medically necessary.

Knee Sleeve: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: According to the guidelines, knee braces/sleeves are not recommended for prophylaxis or prolonged duration. In this case, the claimant's injury was not recent. The length of use was not specified. There is lack of evidence for a knee sleeve for arthritic knees. The request for a knee sleeve is not medically necessary.