

<b>Case Number:</b>	CM14-0115242		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49 year old male who sustained injuries to his bilateral knees on 01/16/13 while climbing up a ladder to get into a trailer at work when he slipped and fell; he caught his right leg between the rungs of the ladder. It was noted that the injured worker is morbidly obese. MRI of the right knee dated 02/15/13 revealed evidence of a 3 mm bone contusion in the medial femoral condyle; severe sprain of the anterior cruciate ligament; right knee joint effusion; femoral patellar chondromalacia involving the medial facet at the patella; mild degenerative changes of the right knee. The progress report dated 06/05/14 reported that the injured worker complained of right knee pain and "giving out". An MR arthrogram of the right knee was requested to rule out ID. The records indicate that the injured worker is status post arthroscopic knee surgery dated November of 2013 and continued to complain of left knee pain as well. There was no recent detailed physical examination provided for review. The injured worker was recommended for an MR arthrogram of the right knee and neoprene supports for the bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MR ARTHROGRAM RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, MR arthrography

**Decision rationale:** The request for an MR arthrogram of the right knee is not medically necessary. The previous request was denied on the basis that there were no documented objective findings on examination consistent with internal derangement. The progress report dated 06/05/14 documented no objective findings on examination consistent with internal derangement. The request for an MR arthrogram of the right knee to rule out internal derangement was not made by an orthopedic surgeon contemplating repeated surgical intervention. There were no documented objective findings to support the medical necessity of the requested diagnostic procedure. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant red flags identified. Given this, the request for an MR arthrogram of the right knee is not indicated as medically necessary.

**NEOPRENE KNEE SUPPORT FOR BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Knee braces

**Decision rationale:** The request for a neoprene support for the bilateral knees is not medically necessary. The previous request was denied on the basis that the clinical information provided does not provide a rationale to support the medical necessity of the prescribed knee brace for the effects of the industrial injury. The prescribed left knee brace for subjective pain complaints is not demonstrated to be medically necessary when there is no swelling or demonstrated instability with full range of motion. The Official Disability Guidelines state that 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 injured workers, a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, knee braces need to be used in conjunction with rehabilitation program and are necessary only if the injured worker is going to be stressing the knee under load. There was no indication that the injured worker is actively participating in a home exercise program. Given this, the request for a neoprene support for the bilateral knees is not indicated as medically necessary.