

Case Number:	CM14-0139299		
Date Assigned:	09/05/2014	Date of Injury:	12/12/2011
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/28/2014

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 55 year old male who sustained an injury to his right knee when he tripped and fell onto his right knee; the injured worker noticed immediate pain/swelling and difficulty walking afterwards. The injured worker was referred to the company doctor where plain radiographs were obtained. He was diagnosed with hairline fracture. Treatment to date has included right knee wrap, prescription medication, and days off work. The injured worker returned to his usual customary duties despite ongoing pain. Further treatment by orthopedic specialist included three right knee injections, which relieved his pain. Eight months later the injured worker developed compensatory left knee pain as a result of his usual and customary duties as a heavy equipment operator. Progress report dated 08/22/14 reported that the injured worker continued to complain of knee joint pain, muscle spasms, and swelling with associated stiffness. The injured worker was recommended to continue with physical therapy to address remaining functional deficits. Physical examination noted tenderness to palpation of the bilateral medial joint lines left popliteal fossa and right pes anserine regions; decreased range of motion of the left knee; negative ligament laxity, patellar grind, and McMurray's testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound study of the right knee versus MRI Arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & 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 and leg chapter, Ultrasound, diagnostic

Decision rationale: The request for ultrasound study of the right knee versus MRI Arthrogram is not medically necessary. Previous request was denied on the basis that the documentation does not reflect that the injured worker recently experienced acute anterior cruciate ligament injury. Since MRI is preferred for evaluation of soft tissue injuries and there is no documentation of acute ACL injury, diagnostic ultrasound is not indicated at this time. There was also an absence to suggest suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. Therefore, the prospective request was not deemed as medically appropriate. After reviewing the submitted clinical documentation, there was no additional objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for ultrasound study of the right knee versus MRI Arthrogram is not indicated as medically necessary

Bilateral knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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 brace

Decision rationale: The request for bilateral knee brace is not medically necessary. Previous request was denied on the basis that physical examination findings were not suggestive of patellar instability, ACL tear, or MCL instability. Second, the clinical documentation did not suggest that the injured worker repetitively stressed the knee under load. Lastly, there was no documentation that the injured worker would be participating in a rehabilitation program. Given these reasons, the request was not deemed as medically appropriate. 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, knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with rehabilitation therapy and are only necessary only if the injured worker is going to be stressing the knee under load. Given this, the request for bilateral knee brace is not indicated as medically necessary.