

<b>Case Number:</b>	CM14-0144478		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Orthopedic Surgery, 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 patient is a 61 year old female who was injured on 08/02/2013. Prior treatment history has included Motrin, Restaril, Naproxen, and Norco. Progress report dated 07/29/2014 documented the patient to have complaints of left knee pain which she described to achy, sore, throbbing and stabbing. The pain increased with regular activity and rated it as a 4-6/10. The patient had a MRI of the left knee on 12/05/2013 which revealed subacute fracture of the tibia with mild branching configuration and slight extension to the tibial plateau articular surface. There are degenerative changes and possible subacute to chronic small tears in the posterior horn of both menisci. On exam, there were no significant findings documented. She was recommended for a consultation for the left knee and x-rays of the left knee and a fitted brace rental or purchase. Prior utilization review dated 08/04/2014 states the request for Consultation with an orthopedic surgeon (left knee); X-rays of the left knee (3 views); and Fitted knee brace (rental or purchase) is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with an orthopedic surgeon (left knee):** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations & Consultation, page(s) 503-524

**Decision rationale:** Regarding consultation with an orthopedic surgeon (left knee), CA MTUS/ACOEM state: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In this case, the claimant presents with persistent pain complaints in the left knee. However, there is limited current examination finding which indicates knee pathology, instability, positive orthopedic testing, and specific functional deficits to support the need for orthopedic consultation. The request is not medically necessary.

**X-rays of the left knee (3 views):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**Decision rationale:** Regarding x-rays of the left knee (3 views), CA MTUS/ACOEM states that imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In this case, while it is noted that the claimant presents with continued pain in the left knee. However, the claimant recently had x-ray of the left knee which shows normal results. There is limited evidence of change in status or progression of deficits. There is no submitted examination in the most recent report to include evidence of knee instability and specific functional deficits or orthopedic testing which indicates knee pathology. Based on clinical findings, documentation, and evidence based guidelines, the request is not medically necessary.

**Fitted knee brace (rental or purchase):** Upheld

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

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

**Decision rationale:** Regarding fitted knee brace (rental or purchase), CA MTUS/ACOEM states that brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical

collateral ligament (MCL) instability and 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. In this case, the claimant presents with pain symptoms in the left knee. However, examination reveals no evidence of knee instability or any ligament insufficiency. The claimant has not had any recent or previous surgery in the knees. Furthermore, there is no current examination finding which indicates knee pathology and specific deficits. Without further clear and detailed documentation or documentation of extenuating circumstances, the requested fitted functional knee support is not supported by evidence based guidelines or the submitted clinical records, therefore the request is not medically necessary.