

<b>Case Number:</b>	CM14-0212704		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 54 year old male with an injury date on 07/05/2013. Based on the 11/05/2014 progress report provided by the treating physician, the diagnoses are: 1. Left knee contusion/sprain with multiple tears in the medial meniscus, mild degenerative joint disease in the medial joint line and Baker's cyst per MRI scan dated 08/20/2013 2. Status post arthroscopy on 03/12/2014, partial medial Meniscectomy, Synovectomy and Chondroplasty of the femoral groove and medial femoral condyle According to this report, the patient complains of an "increased bilateral knee pain with popping, grinding, giving way and weight-bearing intolerance with standing/walking limited to no greater than 10 to 15 minutes. Pain increased with squatting, kneeling and use of stairs. Examination of the bilateral knee reveals post-operative changes on the left. Slight minimal swelling and warmth are noted at the joint line/peripatellar region. There is tenderness to palpation at the bilateral medial and lateral joint lines/ peripatellar region. Patellofermoal crepitus is present, bilateally. Patellofermoal compression test, Grind test, and Mc Murray's test are positive. Left knee range of motion is 0 to 120 degrees. There is a grade 4/5 muscle weakness of the left knee in extension and flexion. Based on the treating physician, weight-bearing X-ray of the bilateral knees shows left minimal medial compartment degenerative joint disease with narrowing with spur formation, right bipartite patella. Date of X-ray performed is unknown. The report were not included in the file for review. The utilization review denied the request for 1 left knee unloader brace, random urine drug screen, and 1diagnostic ultrasound of left knee on 11/20/2014 based on the

MTUS/ODG guidelines. The requesting physician provided treatment reports from 07/30/2014 to 11/26/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Left Knee Bionicare system with medial unloader brace: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Knee brace.

**Decision rationale:** According to the 11/05/2014 report, this patient presents with "increased bilateral knee pain with popping, grinding, giving way and weight-bearing intolerance." The current request is for 1 Left Knee Bionicare system with medial unloader brace. ACOEM guidelines page 340 state "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." When ODG guidelines are consulted, criteria for knee bracing are much broader. Meniscal cartilage repair is one of the criteria for knee bracing. Given the patient's history of knee surgery with meniscectomy, the request IS medically necessary.

#### **1 Random urine drug screen: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines UDS Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter: urine drug testing

**Decision rationale:** According to the 11/05/2014 report, this patient presents with "increased bilateral knee pain with popping, grinding, giving way and weight-bearing intolerance." The current request is for 1 Random urine drug screen. The Utilization Review denial letter states "The patient underwent a urine drug screen on 2/11/2014." Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Review of the available medical records indicate the patient is currently on Norco (an opiate). UR alludes a recent UDS was done on 02/11/2014. There were no discussions regarding the patient adverse behavior with opiates use. In this case, given the patient's current

opiate use, UDS's once or twice per year on a random basis is supported by ODG guidelines. The request IS medically necessary.

**1 diagnostic Ultrasound of Left Knee:** Upheld

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

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

**Decision rationale:** According to the 11/05/2014 report, this patient presents with "increased bilateral knee pain with popping, grinding, giving way and weight-bearing intolerance." The current request is for 1 diagnostic Ultrasound of Left Knee. The MTUS and ACOEM guidelines do not discuss ultrasound. However ODG, knee chapter under Ultrasound, diagnostic states recommended for soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. "In reviewing the medical reports provided, the treating physician does not indicate that the patient has an "acute anterior cruciate ligament injuries" to warrant the use of the diagnostic ultrasound. The report does not suggest the patient has ACL laxity or hemarthrosis either. Therefore, this request IS NOT medically necessary.