

Case Number:	CM14-0218406		
Date Assigned:	01/08/2015	Date of Injury:	10/02/2013
Decision Date:	03/11/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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 & Rehabilitation

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 35 year old female, who sustained an industrial injury on October 2, 2013. She has reported an injury to her left knee and lumbar spine. The diagnoses have included left knee sprain/strain, left ankle sprain/strain, tendonitis, lumbar spine sprain/strain, and minimal lumbar spondylosis. Treatment to date has included medication, physical therapy, and chiropractic therapy. An MRI of the left knee on 1/9/2014 revealed a small amount of marrow edema; no meniscal or anterior cruciate ligament tear and an MRI of the left ankle revealed a small amount of edema. Currently, the injured worker complains of severe pain in the low back, left knee and left ankle. She reported having radiating pain from the low back into the left leg with associated numbness and tingling in the low back. The evaluating physician noted positive palpable tenderness and muscle spasms over the lumbar spine. Sensory deficits were observed throughout the left lower extremity. The injured worker's left knee was tender to palpation and she had limited range of motion. The left ankle was tender to palpation. On December 9, 2014 Utilization Review non-certified a request for MR arthrogram of the left knee noting the documentation did not reveal evidence of mechanical symptoms. There were no positive examination finds which would indicate internal derangement. There were no red flags. The MRI of 12/13 did not reveal evidence of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of bucket handle tear. The California MTUS, ACOEM Guidelines was cited. The UR noncertified a request for a left knee brace because there were no positive examination findings which would indicate internal derangement. The Official Disability Guidelines were cited. On December 30, 2014, the injured worker

submitted an application for IMR for review of MR arthrogram of the left knee and a left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330,340,346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 'Knee & Leg' and title 'MRI's (Magnetic Resonance Imaging);MR arthrography

Decision rationale: The 35 year old patient presents with severe low back pain that radiates to left knee and ankle and also leads to numbness and tingling, as per progress report dated 10/16/14. The request is for MR ARTHROGRAM OF THE LEFT KNEE. There is no RFA for this report and the date of injury is 10/02/13. The patient has been diagnosed with patella tendonitis of the left knee, sprain/strain of the left knee, sprain/strain of left ankle, tendonitis of left ankle, lumbar spine sprain strain and lumbar pain, as per progress report dated 10/16/14. In progress report dated 09/15/14, the patient rates the low back pain at 9/10, left knee pain at 8/10, and left ankle pain at 9/10. The patient has been allowed to return to work with restrictions, as per progress report dated 10/16/14. ACOEM Guidelines states special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture. ODG guidelines may be more appropriate at addressing chronic knee condition. ODG guidelines, chapter 'Knee & Leg' and title 'MRI's (Magnetic Resonance Imaging), state Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. The guidelines also state that In determining whether the repair tissue was of good or poor quality, MRI had a sensitivity of 80% and specificity of 82% using arthroscopy as the standard. ODG states that an MRI is reasonable if internal derangement is suspected. Regarding MR arthrography, ODG guidelines Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this case, the patient is suffering from chronic knee pain rated at 8/10. Physical examination, as per progress report dated 10/16/14, revealed tenderness to palpation, limited range of motion, and weakness in the left knee. While the progress reports do not document prior MRI of the left knee, the UR denial letter states that the patient underwent MRI scan in December 2013 but does not document the results. The current request for MR arthrogram of the left knee can be seen in progress report dated 07/21/14. The treater states that the request is due to her increased pain and recent complaints of left lower extremity weakness. ODG guidelines, however, allow for MR arthrogram and repeat MRIs for post-operative evaluation of re-tear or additional pathology. This patient is not post-op. Hence, the request IS NOT medically necessary.

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340,346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic)chapter, Knee Brace

Decision rationale: The 35 year old patient presents with severe low back pain that radiates to left knee and ankle and also leads to numbness and tingling, as per progress report dated 10/16/14. The request is for LEFT KNEE BRACE. There is no RFA for this report and the date of injury is 10/02/13. The patient has been diagnosed with patella tendonitis of the left knee, sprain/strain of the left knee, sprain/strain of left ankle, tendonitis of left ankle, lumbar spine sprain strain and lumbar pain, as per progress report dated 10/16/14. In progress report dated 09/15/14, the patient rates the low back pain at 9/10, left knee pain at 8/10, and left ankle pain at 9/10. The patient has been allowed to return to work with restrictions, as per progress report dated 10/16/14. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)'and title 'Knee Brace', provides following criteria for the use of knee brace refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture In this case, the patient suffers from chronic pain, numbness, tingling and weakness in the left knee, as per progress report dated 10/16/14. The treater is requesting a knee brace for support. However, there is no documentation of any instability, failed TKA, ligament problems, or fracture, as required by ODG. This request IS NOT medically necessary.