

Case Number:	CM15-0019189		
Date Assigned:	02/09/2015	Date of Injury:	12/19/2013
Decision Date:	07/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/02/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on 12/19/13. He has reported initial complaints of right knee giving out after injury at work. The diagnoses have included sprain/strain right knee, internal derangement right knee, and tear of the medial cartilage or meniscus knee. Treatment to date has included medications, activity modifications, bracing and physical therapy. Currently, as per the physician progress note dated 12/10/14, the injured worker complains of daily pain in the right knee with intermittent flare-ups and occasional buckling and difficulty with stairs. He reports that his walking tolerance varies and can be up to an hour. He is working with the pain. He reports left knee pain related to favoring the right knee. The objective findings reveals that he walks with slight flexed posture to knees, right knee has crepitus, the range of motion is +5-115 degrees, there is tenderness over the medial compartment, positive patellofemoral grind, severe pain with light valgus stress test and swelling is noted in the right knee. The current medications included Advil and Aleve as needed. There is previous physical therapy sessions noted in the records. There are no previous diagnostic reports noted in the records. The physician requested treatments included Repeat Magnetic Resonance Imaging (MRI) Right Knee, Right Knee Injection of Euflexxa and Decompression Brace Right Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

Decision rationale: The ACOEM chapter on knee complaints and imaging states: Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on 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. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or overdiagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Table 13- 5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The patient does not meet these criteria per the provided clinical documentation for review and therefore the request is not medically necessary.

Right Knee Injection of Euflexxa: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hyaluronic acid injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states hyaluronic acid injections are indicated in patients with proven moderate to severe osteoarthritis of the knee who have failed aggressive conservative therapies. The patient does not meet these criteria and therefore the request is not medically necessary.

Decompression Brace Right Knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

Decision rationale: The ACOEM chapter on knee complaints in table 13-13 states: Knee braces are only indicated in patients with meniscal tears, collateral ligament strains and cruciate ligament tears. The patient does have the diagnosis of medial meniscal tear. Therefore, the request is medically indicated per the ACOEM and the request is medically necessary.