

<b>Case Number:</b>	CM15-0116303		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/23/1999
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: California  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old female sustained an industrial injury on 8/23/99. She subsequently reported knee pain. Diagnoses include osteoarthritis. Treatments to date include x-ray and MRI testing, physical therapy, a knee brace and prescription pain medications. Documentation provided is very poor with only a very brief "SOAP" note provided. The injured worker continues to experience right knee pain. Upon examination, ligaments are stable, There was decreased right knee range of motion noted. A request for a knee brace was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee without contrast:** 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): MRI's (magnetic resonance imaging) (2015).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
 Page(s): 341-343.

**Decision rationale:** As per ACOEM guidelines, imaging studies of knee is not warranted for non-traumatic chronic knee pains unless there are "Red-flag" findings, a proper period of conservative care and observation is completed due to risk for false positive. Patient does not meet criteria MRI for chronic knee pains with no proper documentation of prior conservative care or any sudden change in pain or objective findings. Pain is chronic and stable. The provider merely documented a need for an "updated" MRI of the knee which is an invalid rationale for an MRI. MRI of right knee is not medically necessary.

**DONJOY Knee brace with open patella metal:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** As per ACOEM guidelines, knee braces may have utility in situations where there is knee instability although it appears mostly psychological and is only recommended during situations of load to the knees such as climbing ladders or carrying heavy loads. The primary treating physician has not documented a knee exam consistent with knee instability. Patient has reportedly been using a knee brace for years and claims to keep knee stable and decrease pain. However provider has not noted why a brace was needed. There is not enough documentation to support medical necessity therefore the knee brace is not medically necessary.