

Case Number:	CM15-0149141		
Date Assigned:	09/03/2015	Date of Injury:	07/21/2009
Decision Date:	10/21/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/31/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female with an industrial injury dated 07-21-2009. Her diagnosis included left knee strain, left ankle and foot internal derangement. She presents on 07-14-2015 with complaints of left knee, leg, and ankle and foot pain. Physical exam noted light touch sensation was intact to left lateral thigh, left lateral calf and left lateral ankle. The treatment requests for review are; MRI of The Left Knee, Left Knee Brace, Follow-Up Evaluation with An Orthopedic Specialist (Left Knee), Follow-Up Evaluation with A Pain Medicine Specialist (Chronic Pain).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC), Knee and Leg Procedure Summary (online version), Indications for imaging - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI Topic.

Decision rationale: Regarding the request for MRI of the left knee, ACOEM Practice Guidelines state that 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. The ODG Indications for MRI of the knee include the following: Acute trauma to the knee, including significant trauma (i.e., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Non-traumatic knee pain, adult non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Within the medical information made available for review, there is documentation of left knee pain. However, there is no documentation that radiographs are non-diagnostic, identification of any red flags, or documentation that conservative treatment aimed towards the left knee has failed. In the absence of such documentation, the currently requested MRI is not medically necessary.

Left Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC), Knee & Leg Procedure Summary (online version).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Work Activities. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee brace.

Decision rationale: Regarding the request for a knee brace, ACOEM Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits "may be more emotional than medical." 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. For the average patient, using a brace is usually unnecessary. Furthermore, the ODG state that prefabricated knee bracing (rather than custom) may be appropriate for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom-fabricated knee braces may be appropriate for patients with abnormal limb contour (valgus or varus deformity), skin changes (i.e., redundant soft skin, thin skin with risk of breakdown), severe osteoarthritis (grade III or IV), maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), and severe instability as noted on physical examination of knee." Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated. In the absence of such documentation, the currently requested knee brace is not medically necessary.

Follow-Up Evaluation with A Pain Medicine Specialist (Chronic Pain): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC), Pain Procedure Summary (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring" The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, the most recent progress note indicates the patient continues with left knee pain. However, there is no documentation of what specific medication need to be managed, or that the patient may be a candidate for knee injections, or what conservative management has been tried and failed. As such, this request is not medically necessary.

Follow-Up Evaluation with An Orthopedic Specialist (Left Knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC), Ankle & Foot Procedure Summary (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for a office follow-up visit with orthopedics, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring." The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it appears the initial consultation with an orthopedic surgeon has been denied. Furthermore, there is no documentation of what specific medication need to be managed by the specialist, or that the patient may be a candidate for knee injections, or what conservative management has been tried and failed. As such, this request for a follow up with orthopedics is not medically necessary.