

Case Number:	CM13-0010903		
Date Assigned:	09/26/2013	Date of Injury:	03/19/2013
Decision Date:	02/11/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old female injured in a work related accident on 03/19/13. Recent clinical records for review include a 09/09/13 assessment from [REDACTED] which indicated subjective complaints of left knee and ankle pain. He states that requested viscosupplementation injections to the knee were previously denied and that he referred the claimant back to the orthopedic surgeon to discuss the possible need for surgery; an orthopedic appointment was scheduled for 09/11/13 for the claimant who described consistent pain about the knee. He gave her a diagnosis of acute knee medial meniscal tear with objective findings showing normal strength and stability with tenderness to palpation to the left knee over the medial and lateral joint line with no instability. Orthopedic assessment was reviewed with [REDACTED]. [REDACTED] 09/11/13, who indicated that the claimant's left knee exam was impossible to perform due to "guarding". He indicated that an MRI scan shows clear evidence of medial meniscal pathology. Reviewed was the MRI report from 06/13/13 that shows a linear signal to the posterior horn of the medial meniscus extending into the articular surface suggestive of horizontal tear and minimal tricompartmental degenerative changes. He did not comment on the claimant's ankle related complaints at that time. He recommended the possibility of arthroscopic surgery. Prior clinical records in regard to the claimant's ankle included an assessment of 05/06/13 with [REDACTED] indicating ongoing and slow progression from an ankle sprain having continued a course of formal physical therapy. Her physical examination findings at that date specific to the ankle showed an antalgic gait, no gross instability, or formal findings otherwise noted. Under review are requests for the orthopedic consultation that was performed between 07/23/13 and 09/30/13, the use of a knee support, the use of an ankle brace, the use of a cane, ice and heat, and a

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to an ortho consult for evaluation between 7/23/2013 and 9/30/2013:

Overtured

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004), Chapter 7, pg. 127

Decision rationale: The MTUS guidelines indicate "Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient". Based on the ACOEM Guidelines, orthopedic consultation appears warranted. The employee was with documented evidence of medial meniscal tearing on the MRI scan, for which orthopedic assessment and followup would be indicated on the requested dates of service.

One knee support between 7/23/2013 and 9/30/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

Decision rationale: The MTUS guidelines indicate "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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". Based on the MTUS/ACOEM Guidelines, bracing to the knee would not be indicated. Bracing is utilized for instances of patella instability, ACL tearing, or medial collateral aiding stability. Typically, braces are "unnecessary". In this case, the current diagnosis is not consistent with any of diagnoses as listed in the MTUS guidelines for which a knee support would have been indicated at the time frame in question. The brace would not be considered as medically necessary.

One ankle brace between 7/23/2013 and 9/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp 18th Edition, 2013 Updates, Ankle and Foot Chapter - Bracing

Decision rationale: The ACOEM Guidelines indicate "Careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Putting joints at rest in a brace or splint should be for as short a time as possible. Gentle exercise at the initial phase of recovery is desirable. For instance, partial weight bearing involves placing the affected foot or ankle on the ground with crutches on either side and having the patient place as much weight as possible on the foot, with the rest of the weight on the crutches. This practice is preferable to complete non-weight bearing. If the nature of the injury does not prohibit them, gentle range-of-motion exercises several times a day within limits of pain is better than complete immobilization". The Official Disability Guidelines with respect to bracing indicate "Not recommended in the absence of a clearly unstable joint." The employee's injury occurred in March of 2013, putting the timeframe in question 4+ months following time of ankle sprain. Physical examination failed to demonstrate any acute ankle findings for which bracing would continue to be indicated. The specific request at this stage in the employee's clinical course in absence of an unstable joint would not be supported per the MTUS/ACOEM and Official Disability Guidelines criteria.

One cane between 7/23/2013 and 9/30/2013: 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), Ankle & Foot (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)--Treatment in Worker's Comp, 18th Edition, 2013 Updates - Knee Procedure - Walking Aids

Decision rationale: The MTUS guidelines indicate "Gentle exercise at the initial phase of recovery is desirable. For instance, partial weight bearing involves placing the affected foot or ankle on the ground with crutches on either side and having the patient place as much weight as possible on the foot, with the rest of the weight on the crutches. This practice is preferable to complete non-weight bearing". The Official Disability Guidelines, also support the use of a walking aide for benefits in stabilization and lower body control. Given the employee's diagnoses of ankle sprain and medial meniscal tearing, the use of a cane for assisted ambulation for assistance and support would be indicated per the clinical records for review.

One request for ice/heat as needed: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines--Treatment in Worker's Comp, 18th Edition, 2013 Updates - Knee Procedure - Cold/heat packs

Decision rationale: The use of ice and heat on a self directed basis would also be supported per Official Disability Guidelines and the MTUS Guidelines. The MTUS guidelines indicate that "Patients may use applications of heat or cold at home before or after exercises; these are as effective as those performed by a therapist" The Official Disability Guidelines also recommend the role of ice compared to heat control to help with range of motion, function, and strength in knee related conditions. Given the acute meniscal pathology, the role of ice and heat would be indicated per clinical guideline criteria.

One request for ice/heat as needed, self-directed without services from a therapy provider between 7/24/2013 and 9/12/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation the Official Disability Guidelines--Treatment in Worker's Comp, 18th Edition, 2013 Updates - Knee Procedure - Cold/heat packs

Decision rationale: The MTUS Guidelines indicate that "Patients may use applications of heat or cold at home before or after exercises; these are as effective as those performed by a therapist". The Official Disability Guidelines criteria, also support ice and heat as needed on a self directed basis without services from a therapy provider. Based on the guidelines which allow for the self directed use of heat and cold, the request would be considered as medically necessary.

One prescription for Motrin as needed between 7/23/2013 and 9/30/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Based on the MTUS Chronic Pain Guidelines, nonsteroidal medication usage would be indicated. The employee was noted to be with resolving ankle sprain as well as diagnosis of medial meniscal tear, for which acute role of antiinflammatory agents would be indicated for the dates in question, 07/23/13 through 09/30/13.