

Case Number:	CM13-0024482		
Date Assigned:	03/14/2014	Date of Injury:	08/24/2011
Decision Date:	05/02/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/16/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 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/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 53 year old female who was injured on 08/24/2011. Her leg got caught between pallets and she twisted her leg causing her to fall backwards. She felt pain immediately in her right knee. The patient underwent a right knee arthroscopy with partial meniscectomy in May 2012. She has received a Synvisc injection to the right knee. An MRI of the right knee performed on 12/06/2011 revealed: 1. Degeneration of the anterior cruciate ligament; 2. No discrete meniscal tear; 3. Chondromalacia of the knee as described; 4. A small popliteal cyst; 5. A patellar tendinosis with pre-patellar edema. An MRI of right knee dated 06/08/2013 revealed: 1. Tricompartmental osteoarthritis; 2) 23.2 x 4.4 x 37.9 Baker's cyst; 3) Joint effusion; 4) Radial tear of the posterior horn of the lateral meniscus; 5) globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. The tear is not entirely excluded. Consideration for MR arthrogram for further evaluation if clinically indicated. A primary treating physician's interim report dated 02/27/2012 states the patient is diagnosed with osteochondral lesion lateral femoral condyle; Surgery is pending authorization at this time. An initial Orthopedic Evaluation dated 01/23/2012 indicated an authorization would be requested for surgery in the form of right knee arthroscopy with osteochondral lesion drilling. The patient would need postoperative physical therapy for three to six weeks. Orthopedic Re-evaluation dated 05/30/2013 indicated the patient complains of instability in the right knee. She states extensive walking causes her to have increased pain down the right foot. Objective findings on examination of the right knee revealed mild swelling. There is mild joint effusion noted to the right knee. There is tenderness to palpation over the anterolateral aspect of the right knee. She has full range of motion from to 130 degrees. McMurray's is equivocal producing pain to the medial and lateral portion of the right knee; Lachman's and Drawer exams are noted to be stable. The patient is diagnosed with: 1) Status post arthroscopic debridement of the right knee;

May 2012; 2) Possible meniscal pathology, right knee; and Posterior tibialis dysfunction. The recommendation for this patient includes an MRI of the right knee and a MRI of the right foot, which were requested. The patient was instructed to continue creams, modify work duties and was prescribed a Medrol Dos-Pak.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM KNEE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter: Criteria for the use of knee braces.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG , KNEE BRACE

Decision rationale: According to the Official Disability Guidelines, a knee brace is recommended under the following criteria: Prefabricated knee braces may be appropriate in patients with one of the several conditions, including knee instability, ligament insufficiency/deficiency, a reconstructed ligament, articular defect repair. The ODG indicates custom-fabricated knee braces may be appropriate for patients with the conditions which may preclude the use of a prefabricated model, including, abnormal limb contour, skin changes, severe osteoarthritis (grade III or IV), and severe instability as noted on physical examination of knee. The medical records document the patient sustained industrial injury in the right knee complained of instability with increased pain, the physical examination findings were tenderness to the anterolateral aspect of the right knee, full ROM, McMurry's test was producing pain in the medial and lateral portion of the knee, and Lachman's and drawer tests were noted to be stable. The MRI of the right knee dated 6/8/2013 revealed tricompartmental OA and radial tear of the posterior horn of lateral meniscus. In the absence of documented objective findings of deformity, instability, tear in the ACL, PCL or MCL and any reconstructive surgical repair to the cruciate ligaments, collateral ligaments or the meniscus or any other surgical intervention that include any kind of osteotomies, the requested custom knee brace is not medically necessary according to the ODG. Consequently, the request is not medically necessary and appropriate.

EUFLEXXA INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Knee & Leg Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG, HYALURONIC ACID INJECTIONS

Decision rationale: According to the Official Disability Guidelines, Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The medical records provided for review document the patient sustained an injury in the right knee and underwent arthroscopic debridement in May 2012. The subjective findings were feelings of instability of the right knee and increased pain with extensive walking. The objective findings were mild effusion of the right knee, tenderness in the anterolateral aspect, full ROM, equivocal McMurray's and negative Lachman's and drawer tests. In the absence of documented symptomatic severe OA and also failure to document whether the patient had any functional improvement from the prior injection, the request is not medically necessary and appropriate.