

Case Number:	CM13-0037518		
Date Assigned:	12/13/2013	Date of Injury:	04/01/1996
Decision Date:	02/20/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/28/2013

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 Orthopaedic 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 62-year-old female who was injured in a work related accident on 04/01/96. A utilization review appeal letter for review from [REDACTED], dated 09/25/13, cited an appeal of 08/29/13 assessment for need for a hinged knee brace with supplies as well as home health care. [REDACTED] stated the claimant had multiple prior surgeries to the lumbar spine and the knees including fusion. It stated that her current complaints are that of bilateral knee pain and low back pain with no documentation of recent surgical processes. Physical examination showed the knees to have well healed prior incisions that were "at least 10 years old." There was tenderness over the tibial tubercles and patellofemoral joints. The lumbar examination showed restricted range of motion with spasm. Radiographs reviewed from 05/11/11 showed medial osteophytes of the left knee and an MRI of the lumbar spine from 08/26/13 showed degenerative changes at multiple levels "not significantly changed since prior examination with L4-5 and L5-S1 level being with prior fusion changes." The physician indicated that bilateral knee replacement procedures have been recommended for the claimant, but not yet performed. He recommended at present the use of a knee bracing as well as home health aides for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinge knee brace for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: Based on California ACOEM 2004 Guidelines, a hinged knee brace for the left knee would not be indicated. The claimant's current imaging indicates the role of degenerative changes to the left knee. There would currently be no indication of instability for clinical findings that would support the role of a brace for the claimant's current clinical conditions. The specific request in this case would not be supported..

Velcro hinge and ace wraps: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Home health aid, six (6) hours a day, five (5) days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, the role of home health care in the form of an aide six hours per day five days a week would not be supported. The records in this case indicate the claimant has a significant prior surgical history but does not document that the claimant is homebound on an intermittent or temporary basis. This specific request for the aide at this stage in the claimant's chronic course of care would not be supported as medically necessary..