

Case Number:	CM13-0042899		
Date Assigned:	03/24/2014	Date of Injury:	04/22/2008
Decision Date:	05/23/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/21/2013

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:

This 64-year-old female sustained an industrial injury on 4/22/08. She is status post left wrist arthrotomy with scapholunate repair/reconstruction on 8/20/08 and right shoulder arthroscopy with debridement, distal clavicle resection, rotator cuff repair, and open biceps tenodesis on 10/8/09. The 1/29/13 right knee MRI showed tri-compartmental osteoarthritis, severe laterally and moderate to severe medially. There were post-surgical changes suggesting prior partial lateral meniscectomy, posterior medial meniscus tear, chronic moderate grade partial anterior cruciate ligament tear, remote injury of the medial collateral ligament, and small joint effusion. The 8/21/13 treating physician report cited bilateral knee cracking, crepitation and pain with a diagnosis of bilateral knee derangement. Orthovisc injections were initiated for the right knee. The 9/18/13 progress report cited on-going residual bilateral knee pain with evidence of arthritis in the knees. Knee range of motion is 0-110 degrees. Orthovisc was provided to the right knee and requested for the left knee. The diagnosis was bilateral knee derangement and arthritis. The 9/23/13 chart note indicated that the patient's right knee gave way on 9/20/13 and she fell, landing on the left knee. Exam findings documented left knee swelling, range of motion 0-95 degrees, and tenderness. The 10/2/13 progress report noted continued left knee pain and tenderness. Right knee pain was improving with the Orthovisc injections. The diagnosis was right knee arthritis, status post arthroscopy with residuals and left knee derangement. The treatment plan recommended bilateral knee unloader braces and left knee Orthovisc injections. The 10/17/13 utilization review decision recommended denial of the bilateral custom unloading knee braces, left knee MRI, and left knee Orthovisc injections. The denial for unloader braces was based on a lack of information regarding whether the patient needed a medial or lateral unloader brace for the right knee and an absence of a diagnosis of left knee osteoarthritis and no indication which compartment might need unloading. The denial of left knee MRI was based on

no documentation of red flags relative to the recent fall and flare-up, no recent treatment, and no indication of a surgical lesion. Regarding the Orthovisc denial, there was no diagnosis of osteoarthritis relative to the left knee and no recent conservative treatment

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM UNLOADING KNEE BRACE BILATERAL: Upheld

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

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

Decision rationale: Under consideration is a request for custom unloading knee braces, bilaterally. The California MTUS guidelines do not provide recommendations for custom knee braces in chronic knee conditions. The Official Disability Guidelines recommend unloader knee braces for pain reduction in patients with osteoarthritis of the medial compartment of the knee. Guideline criteria have not been reasonably met. There is imaging evidence that this employee has moderate to severe medial compartment osteoarthritis on the right knee. The employee has been diagnosed with bilateral knee arthritis. Given the employee's age, there is a reasonable probability of relatively symmetrical arthrosis. However, this request is for custom unloading knee braces, bilaterally. There is no documentation that evidences a significant disproportion in the average thigh-lower leg relationship or size issues that would support other than pre-fabricated braces. Therefore, the request is not medically necessary.

LEFT KNEE MRI: Overturned

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

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

Decision rationale: Under consideration is a request for left knee MRI. The California MTUS guidelines do not provide recommendation for MRI in chronic knee conditions. The Official Disability Guidelines recommend MRI for evaluation of soft tissue injuries for patients with non-traumatic knee pain when initial radiographs are non-diagnostic, or if internal derangement is suspected. Guideline criteria have been met. The provider has documented a diagnosis of bilateral knee derangement and arthritis with exam findings of cracking, crepitation and limited range of motion. Therefore, this request for left knee MRI is medically necessary.

LEFT KNEE ORTHOVISC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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

Decision rationale: Under consideration is a request for left knee Orthovisc. The California MTUS guidelines are silent with regard to this request. The Official Disability Guidelines recommend hyaluronic acid injections (three to four injections of Orthovisc) as an option for significant osteoarthritis symptoms that have not adequately responded to recommended non-pharmacologic and pharmacologic treatments. Guidelines criteria include documented symptomatic severe osteoarthritis findings, age over 50, pain interferes with functional activities, failure of steroid injections, and not a candidate for total knee replacement or who have failed prior knee surgeries. Guidelines criteria have not been met. There is no documentation that recent and comprehensive non-pharmacologic and pharmacologic treatments have been tried and failed. Therefore, this request for left knee Orthovisc is not medically necessary