

Case Number:	CM13-0044526		
Date Assigned:	04/25/2014	Date of Injury:	04/04/2012
Decision Date:	07/07/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational Medicine 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 51-year-old female who has submitted a claim for Right Knee Contusion, Right Knee Traumatic Chondromalacia Patella, Right Knee Degenerative Joint Disease, and Right Knee Medial Meniscus Tear, associated with an industrial injury date of April 4, 2012. The medical records from 2013 were reviewed, which showed that the patient complained of right knee pain rated 4/10. She noted that she was not using her brace and she was functional with her activities of daily living. On physical examination, range of motion was within normal limits. There was slight weakness of the quadriceps muscle but no atrophy was noted. There was patellofemoral crepitus but without patellar instability. McMurray's, Lachman's, anterior drawer, and posterior drawer signs were negative. The knee was stable to varus and valgus stress at 0 to 30 degrees. No signs of infection or DVT in the right lower extremity were reported. Gait was mildly antalgic. An X-ray of the right knee dated July 23, 2013 revealed mild to moderate degenerative joint disease. The treatment to date has included medications, home exercise program, and knee brace. A utilization review from October 22, 2013 denied the request for Orthovisc/viscoelastic supplementation injections because there was no evidence of failed treatment or knee instability; and wrap around hinged knee brace - LG and knee brace because guideline criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOVISC INJECTIONS VISCOELASTIC SUPPLEMENTATION X 3: 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), Knee and Leg Chapter.

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 Chapter, Hyaluronic Acid Injections.

Decision rationale: The CA MTUS does not specifically address viscosupplementation. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for Hyaluronic acid injections include patients with significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative treatments after at least 3 months; pain interferes with functional activities; and not currently candidates for total knee replacement or who have failed previous knee surgery. In this case, knee radiographs were positive for mild to moderate degenerative joint disease. However, the medical records showed that the patient remained functional with her activities of daily living. Thus, the patient is not significantly symptomatic. There was also no discussion regarding failure of conservative management or previous knee surgery. The criteria were not met; therefore, the request for Orthovisc Injections Viscoelastic Supplementation X 3 is not medically necessary.

WRAP AROUND HINGE BRACE LG- RIGHT 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 (ODG), Knee and Leg Chapter.

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

Decision rationale: According to pages 339-340 of the ACOEM Practice Guidelines referenced by CA MTUS, a knee 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. For the average patient, using a brace is usually unnecessary. In this case, the medical records did not reveal any findings of knee instability. There was also no discussion regarding the knee being subjected to loaded stress. The records also showed that the patient previously obtained a knee brace and was no longer using it. Therefore, the request for Wrap Around Hinge Brace Lg- Right Knee is not medically necessary.

RIGHT KNEE BRACE FOR STABILIZATION: 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), Knee and Leg Chapter.

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

Decision rationale: According to pages 339-340 of the ACOEM Practice Guidelines referenced by CA MTUS, a knee 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. For the average patient, using a brace is usually unnecessary. In this case, the medical records did not reveal any findings of knee instability. There was also no discussion regarding the knee being subjected to loaded stress. The records also showed that the patient previously obtained a knee brace and was no longer using it. Therefore, the request for a Right Knee Brace for stabilization is not medically necessary.