

Case Number:	CM14-0000716		
Date Assigned:	01/17/2014	Date of Injury:	07/08/2009
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Emergency 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:

This is a patient with reported date of injury of 7/8/2009. The mechanism reported to be from being struck by a pallet jack falling onto left (L) shoulder. The patient has a diagnosis of cervical disc disease, cervical radiculopathy, myofascial spasms and osteoarthritis of knees. Multiple medical records from the primary treating physician and consultants have been reviewed. The last report was available until 12/3/13. Multiple hand written primary treating physician reports are not legible, with only a few words being legible. A note from 12/3/13 reports that the patient complains of right (R) knee pain, but nothing else was legible. There is a barely legible sentence concerning synovisc injection to the knee. An objective exam only notes that the right (R) knee has increased pain with flexion. There is no complete exam of the knee provided. There is only a brief note mentioning a knee brace, but no explanation as to why it was requested. The last legible typed reports from 1/22/13, mentions that the patient has bilateral knee pain with right (R) worst than left (L) knee. The note mentions that an MRI of right (R) knee done on 7/11/13, revealed mild tricompartment osteoarthritic changes, chondromalacia of all three (3) compartments and patella apex, small effusion and lateral meniscus contusion. Reportedly, the patient received a steroid injection on 1/8/13 that improved the pain. The patient has received multiple cervical epidural steroid injections, physical therapy, acupuncture and chiropractic sessions. Except for the MRI mentioned on the report from 1/22/13, there was no other advance imaging report of the knee provided. The medication list was not provided, but from the clinical notes, the patient appears to be on tramadol and flurbiprofen/lidocaine cream. Utilization review (UR) is for a right (R) knee brace. The prior UR on 12/18/13 recommended non-certification. According to the UR report, the reviewer had requested a legible report and specifics concerning request, but did not receive the requested information.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013.

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

Decision rationale: The patient has a diagnosis of right (R) knee osteoarthritis with chondromalacia from a prior MRI. Her knee pain is chronic and is being treated by multiple modalities. The primary treating physician's notes are not legible and are incomplete. There is no thorough knee exam on record and there is no specific note mentioning medical necessity or even type of knee brace requested. According to the ACOEM guidelines, knee braces may have utility in situations where there is knee instability, although it appears mostly psychological, and is only recommended during situations of load to the knees, such as climbing ladders or carrying heavy loads. The primary treating physician has not documented a legible knee exam and therefore knee stability cannot be ascertained. There is also no note as to why a brace was requested, what type of brace is required and if a functional rehabilitation program is involved. There is not enough documentation to support medical necessity therefore the right (R) knee brace is not medically necessary.