

Case Number:	CM14-0015249		
Date Assigned:	02/28/2014	Date of Injury:	12/21/2013
Decision Date:	07/22/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 31-year-old female who has filed a claim for lumbar sprain and right knee contusion associated with an industrial injury date of December 21, 2013. Review of progress notes indicates right knee, right ankle, and low back pain with radiation to the right leg. Findings include lumbar paraspinal tenderness and spasm, radiculopathy to the right leg posterior to ankle, right knee tenderness with reduced range of motion, and right knee and ankle crepitus. Treatment to date has included Toradol injection, ankle support, and lumbar support. Utilization review from January 08, 2014 denied the requests for MRI of the right knee as there was no documentation of findings consistent with ligament or cartilage disruptions; right ankle support as there was no documentation of ankle instability; right knee support as the patient does not meet the conditions for knee brace; and lumbar support as the patient has not been diagnosed with fracture, instability, or recent fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGES OF THE 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Knee and Leg chapter, MRIs (magnetic resonance imaging).

Decision rationale: As stated on the Knee Chapter of ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. According to ODG, knee MRIs are recommended in patients with acute trauma to the knee or with suspicion of posterior knee dislocation or ligament or cartilage destruction; nontraumatic knee pain with initial nondiagnostic radiographs with anterior patellofemoral symptoms and suspicion of internal derangement, or with normal findings or joint effusion and suspicion of internal derangement; or nontraumatic knee pain with initial radiographs demonstrating evidence of internal derangement. In this case, the patient does not present with findings consistent with knee dislocation or ligament/cartilage destruction. MRI is not necessary at this time. Therefore, the request for MRI of the right knee was not medically necessary.

DURABLE MEDICAL EQUIPMENT: RIGHT ANKLE SUPPORT: Overturned

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) Ankle and Foot Section, Durable Medical Equipment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. For ankle sprains, the use of an elastic bandage appears to be associated with a slower return to work and more reported instability than a semi-rigid ankle support. Lace-up ankle support appears effective in reducing swelling in the short-term compared to semi-rigid support, elastic bandage, and tape. In this case, the use of an ankle support is reasonable to provide short-term immobilization and promote healing after the recent injury. Therefore, the request for right ankle support was medically necessary.

DURABLE MEDICAL EQUIPMENT: RIGHT KNEE SUPPORT: 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 and Leg chapter, Knee brace.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers'

Compensation, and ODG was used instead. According to ODG, criteria for use prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. In this case, the patient does not have the abovementioned conditions of the right knee to support the request for a knee brace. Therefore, the request for right knee support was not medically necessary.

DURABLE MEDICAL EQUIPMENT: LUMBAR SUPPORT: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Lumbar supports.

Decision rationale: As stated on page 301 of the ACOEM Low Back Guidelines referenced by CA MTUS, back braces have not been shown to have any lasting benefit beyond the acute phase of symptom relief. According to ODG, they are indicated for management of compression fractures, spondylolisthesis, or documented instability. There is very low quality evidence for treatment of nonspecific LBP as a conservative option. Lumbar supports are not recommended for prevention. In this case, the patient does not present with instability, fractures, or spondylolisthesis. The indication for use of a lumbar support at this time is unclear. Therefore, the request for lumbar support was not medically necessary.