

Case Number:	CM14-0111500		
Date Assigned:	08/01/2014	Date of Injury:	02/29/2012
Decision Date:	10/08/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 47 year old female who reported an injury on 02/29/2012. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included a possible ACL tear to the right knee, compensatory musculoligamentous injury of the left knee, disc pathology at C5-6, cervical degenerative disc disease, and cervical radiculopathy. Her past treatments consisted of medications, approximately 6 sessions of physical therapy, a hinged right knee brace, and a cane. The injured worker's diagnostic exams were not indicated in the clinical notes. Her surgical history was not included in the clinical notes. On 06/06/2014, the injured worker complained of significant pain in her right knee, hip, and pelvis area. She reported that she could not squat, kneel or do repetitive stair climbing. She had difficulty standing for extended periods of time, occasional locking of the knee and sharp shooting pain. The physical exam revealed the injured worker walked with an antalgic gait and continued to wear braces on her bilateral knees. The medications were not indicated in the clinical notes. The treatment plan consisted of surgery of the right knee, a home therapy kit, and a replacement hinged knee brace for the right knee. The rationale for the request is to replace the worn out right hinged knee brace currently in use. The Request for Authorization form was signed and submitted on 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home therapy kit, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg: Home exercise kits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The request for a home therapy kit for the right knee is not medically necessary. The California guidelines recommend exercise, including aerobic conditioning and strengthening, which are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Based on the clinical notes the injured worker completed approximately 6 sessions of physical therapy to the right knee as of 02/28/2014. The progress notes do not indicate the efficacy of the therapy. The guidelines state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; therefore, the request for a home therapy kit is not supported over a home therapy program without equipment. In addition, the submitted request does not specify the contents of the therapy kit. Therefore, due to lack of support from the guidelines, the request for a home therapy kit for the right knee is not medically necessary.

Replacement hinged right knee brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Knee brace.

Decision rationale: The request for a replacement hinged right knee brace is not medically necessary. The CA MTUS/ACOEM guidelines indicate that a brace can be used for patellar instability, anterior cruciate ligament tear, or medical collateral ligament instability. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. The Official Disability Guidelines (ODG) further state, postoperative bracing did not protect against reinjury, decrease pain, or improve stability. The medical records provided indicate the injured worker was recommended for right knee surgery. The patient has a diagnosis of a "possible" anterior cruciate ligament tear, but there are no diagnostic exams available to corroborate this finding. Additionally, the guidelines do not support the use of a knee brace for the injured worker who is not performing stress producing movements such as climbing ladders or carrying boxes. The clinical notes indicated that the injured worker stated that she could not climb stairs. There is no indication the injured worker would be stressing the knee under load. In addition, there is a lack of documentation to verify the condition of the injured worker's current knee brace. Thus, due to lack of support from the guidelines and the absence of documentation indicating that she would be performing stress loading moves to her knee, the request is not

supported. Therefore, the request for a replacement hinged right knee brace is not medically necessary.