

Case Number:	CM14-0116805		
Date Assigned:	08/04/2014	Date of Injury:	07/11/2013
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 67 year old female with an injury date on 07/11/2013. Based on the 06/03/2014 progress report provided by [REDACTED], the diagnoses include moderate patellofemoral crepitation, chondromalacia, and lighting up of traumatic arthritis. According to this report, the patient complains of constant bilateral knee pain with pain at a 7-8/10. Lifting and carrying, repetitive bending, sitting /standing/walking, and stairs make the pain worse. Right knee range of motion is limited with pain. The patient has moderate patellofemoral crepitation of the right knee and severe on the left. No instability of varus and valgus test. There were no other significant findings noted on this report. [REDACTED] is requesting Viscosupplementation of bilateral knee, Neoprene Brace w/ hinges for bilateral knees, and MRI's of the Bilateral Knees. The utilization review denied the request on 06/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/05/2013 to 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation of bilateral 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronic acid (Synvisc) knee injection.

Decision rationale: The ODG recommend Synvisc injections for severe arthritis of the knee that has not responded to other treatments. This patient does not present with severe arthritis of the knee. Furthermore, ODG do not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain). This patient has a diagnosis of chondromalacia. In this case, the requested Synvisc injections are not in accordance with the ODG. As such, the request is not medically necessary and appropriate.

MRI of the Bilateral Knees: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The ODG recommends knee MRIs if there are indications of an acute trauma to the knee, significant trauma, or nontraumatic knee pain with patellofemoral (anterior) symptoms. In this case, the patient does present with patellofemoral symptoms. The requested MRI appears reasonable and consistent with the ODG. As such, the request is medically necessary and appropriate.

Neoprene Brace with hinges for bilateral knees: Upheld

The Claims Administrator guideline: Decision based on the MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints, page 340 and on the Non-MTUS Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints, page 339-340 and on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: The ACOEM Guidelines page 340 state a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. When the ODG are consulted, criteria for knee bracing are much broader. However, this patient still does not qualify as the patient does not have articular defect repair, meniscal cartilage repair, knee instability, ligamentous insufficiency, etc. Neither ACOEM nor the Official Disability Guidelines support the use of knee bracing for this patient's diagnoses. As such, the request is not medically necessary and appropriate.