

Case Number:	CM14-0158774		
Date Assigned:	10/02/2014	Date of Injury:	02/23/2011
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 injured worker is a 60-year-old female who sustained work-related injuries on February 23, 2011. The left knee magnetic resonance imaging scan performed on May 27, 2011 noted (a) complex multidirectional tearing of the posterior horn of the medial meniscus with predominant radial component, resulting in mild peripheral extrusion of the body of the medial meniscus and reactive edema about the tibial collateral ligament. (b) Background of high grade cartilage loss involving the medial femorotibial compartment with a focal 7x7 mm full thickness cartilage defect of the medial femoral condyle adjacent to the posterior horn of the medial meniscus. (c) Low grade articular cartilage loss throughout the lateral femorotibial compartment and a full thickness fissure of the patellar articular cartilage at the junction of the lateral facet and median ridge. And (d) moderate sided joint effusion. Per February 6, 2014 records, the injured worker had two falls the week prior to office visit caused by involuntary movement of the left leg. She landed directly on the left knee and developed bruising as well as in the left ankle. One of the falls she had caused her to hit her head on a door knob. More locking was noted in the left leg since she fell. Left knee examination noted that no effusion. Tenderness was noted on the medial, tibial, and lateral tibial full extension. Quadriceps strength was 4/5. Involuntary movement of the left leg persisted. X-rays of the left knee revealed positive calcification medially. On June 4, 2014 the injured worker had an agreed medical examination. It is noted that the specific injury of the injured worker dates back to 2007 where she fell and injured her right knee. She underwent right knee arthroscopy in 2007 and returned to full-duty capacity after six months. Upon returning to work, she began to develop symptoms in her left knee which was felt to be a compensable consequence of the original right knee injury. Her left knee symptoms began to subsequently progress and reported her injury on February 23, 2011. She underwent injections with no benefit and underwent a left knee arthroscopy with extensive chondroplasties and partial

medial meniscectomy on August 10, 2011 however she remained symptomatic. She then had Orthovisc injections which were ineffective and subsequently had a total knee arthroplasty on July 23, 2012. She then began to develop spasm on her left lower extremity which caused her to be referred to a neurologist on May 11, 2013. Towards the latter portion of 2013 she was using a walker when her left knee spasmed and caused her to lose balance. She sustained a spraining injury to her left foot and toes which were bent backwards as a result of the said episode. She also noted bruising of the foot and she was then placed in a cast shoe. Regarding her left foot, the injured worker described pain radiating to the left shin with associated numbness involving the big toe. Crepitation was noted with movements. Range of motion was limited secondary to pain. Swelling was noted on the left foot. She reported episodes of instability but not falling. She reported going up and down the stairs was painful. Standing and walking for 10 minutes led to an increase of symptoms. She rated her pain as 7/10. X-ray of the left foot showed negative for fracture, dislocation or articular incongruity. Left foot/ankle examination noted completely within normal limits without evidence of fracture. All provocative tests were negative. However, she is noted to have an involuntary tremor involving the left lower extremity with questionable etiology. It was opined that her thoracic injuries are dismissed as there is no evidence that support for an industrial injury. Most recent records dated June 23, 2014 the injured worker complained of constant left knee pain. Her primarily complaint is the involuntary movement of the left lower extremity which she has no control of. She required the use of a walker for ambulation. Left knee examination noted abnormal gait and ambulated slowly with a walker. There was involuntary jerking/movement of the left leg. Residual tenderness was noted over the medial compartment. Joint stability test noted 1+ on the collateral medial and lateral side. Range of motion was limited. Quadriceps testing was 4/5. She is diagnosed with (a) left knee meniscus tear, degenerative joint disease; (b) status post left knee arthroscopy, joint debridement/chondroplasty, abrasional arthroplasty of the medial femoral condyle and lateral femoral condyle, partial medial meniscectomy, limited/partial synovectomy, August 10, 2011; (c) status post left total knee arthroplasty, July 23, 2012, followed by a closed manipulation under anesthesia November 16, 2012; and (d) movement disorder, left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranger brace to lock/unlock as needed: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Knee and Leg Procedure Summary, updated 08/25/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Walking Aids (canes, crutches, braces, orthoses, and walkers)

Decision rationale: According to evidence-based guidelines, a criteria for the use of custom-fabricated knee braces may be appropriate for workers with the following conditions: (a) abnormal limb-contour, (b) skin changes, (c) severe osteoarthritis grade III or IV, (d) maximal off-loading of painful or repaired knee compartment (example heavy worker, significant pain), and (e) severe instability as noted on physical examination. In this case, the injured continued to exhibit persisting involuntary movements to which caused her to require a walker. Objectively,

involuntary jerking/movement of the left leg is still noted. Residual tenderness was noted over the medial compartment. Joint stability test noted 1+ on the collateral medial and lateral side. Range of motion was limited. Quadriceps testing was 4/5. In spite of being provided with an assistive/walking device, she still exhibited involuntary movements which caused her to experience falls. These involuntary movements pose a threat to the safety of the injured worker. Moreover, she is noted to have osteoarthritis on her knees and evidence-based guidelines indicate that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone. Based on the above presented clinical information, the injured worker satisfies the fifth criterion which notes severe instability as noted on physical examination of the knee. Therefore, the medical necessity of the requested ranger brace to lock/unlock as needed is established. Utilization review physician opined that there is limited evidence of extenuating circumstances such as severe instability, severe osteoarthritis, and abnormal limb contour that would support knee brace. However, records do note that she has severe instability noted from physical examination and osteoarthritic/degenerative changes.