

Case Number:	CM14-0172384		
Date Assigned:	10/23/2014	Date of Injury:	02/01/2010
Decision Date:	12/02/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 Physical Rehabilitation & Pain Management 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 57 year old with an injury date on 2/01/10. Patient complains of left hip pain rated 7-8/10, left knee pain rated 8-9/10, and left ankle pain rated 3-4/10 per 8/22/14 report. Patient states that because of walking on the side of her left foot, she began to have left hip pain, located laterally, and left knee pain, located medially and anteriorly, and lateral ankle pain that has subsequently improved per 8/22/14 report. Based on the 8/22/14 progress report provided by [REDACTED] the diagnoses are: 1. left knee osteoarthritis/chondromalacia, involving the medial compartment 2. left hip bursitis Exam on 8/22/14 showed "left hip shows limited range of motion, with internal rotation at 15 degrees. Left knee range of motion is slightly reduced at 0-125 degrees. Left ankle has normal range of motion, no effusion, no tenderness to palpation." Patient's treatment history includes medications (Tylenol, Plaquenil, Q-Var Inhaler, and Motrin), Morton's neuroma surgery in 2012, and carpal tunnel releases in 2000 and 2007. [REDACTED] is requesting supartz injections for left knee Qty: 5, knee brace custom double upright Qty: 1, addition to lower extremity orthosis Qty: 2, padding Qty: 2, addition to lower extremity ortho, soft interface Qty: 1, and an unloader brace left knee to unload medial compartment Qty: 1. The utilization review determination being challenged is dated 9/26/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/17/14 to 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections for left knee Qty: 5.00: 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-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Knee Chapter on hyaluronic acid injections

Decision rationale: This patient presents with left hip pain and left knee pain. The treating physician has asked for Supartz Injections for Left Knee Qty: 5 on 8/22/14. Review of the reports do not show any evidence of hyaluronic acid injections being done in the past. MRI of left knee on 10/24/13 showed no fracture/dislocation or bone marrow edema. There is a superiorly surfacing complex degenerative tear in the body and posterior horn of medial meniscus with mild effusion, a partial thickness cartilage defect in medial femoral condyle with subchondral eburnation, and large joint effusion. X-ray of left knee, date unknown, is unremarkable per utilization review letter dated 9/26/14. Regarding hyaluronic acid injections, ODG recommends as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement. In this case, the patient does not present with "severe osteoarthritis." X-rays were unremarkable. The viscosupplementation injections are not indicated for chondromalacia or other knee problems. Therefore, the request is not medically necessary.

Knee brace custom double upright Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Guidelines (ODG) Knee brace, under Knee & Leg (Acute & Chronic)

Decision rationale: This patient presents with left hip pain and left knee pain. The treating physician has asked for Knee Brace Custom Double Upright Qty: 1 on 8/22/14. ACOEM recommends knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the treating physician does not provide any diagnosis that would warrant a knee bracing either by ACOEM or ODG guidelines. The patient does not exhibit signs of severe instability, defects of the ligaments, or abnormal

contour that would necessitate knee bracing. The requested knee brace custom double upright Qty: 1 is not medically necessary at this time. Therefore, the request is not medically necessary.

Addition to lower extremity orthosis Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation (ODG) Knee brace, under Knee & Leg (Acute & Chronic)

Decision rationale: This patient presents with left hip pain and left knee pain. The treating physician has asked for Addition to Lower Extremity Orthosis Qty: 2 on 8/22/14. ACOEM recommends knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the treating physician does not provide any diagnosis that would warrant a knee bracing either by ACOEM or ODG guidelines. As a knee brace is not indicated, neither is the requested addition to lower extremity orthosis Qty: 2. Therefore, the request is not medically necessary.

Padding Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation (ODG) Knee brace, under Knee & Leg (Acute & Chronic)

Decision rationale: This patient presents with left hip pain and left knee pain. The treating physician has asked for Padding Qty: 2 on 8/22/14. ACOEM recommends knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the treating physician does not provide any diagnosis that would warrant a knee bracing either by ACOEM or ODG guidelines. As a knee brace is not

indicated, neither is the requested padding Qty: 2. Therefore, the request is not medically necessary.

Addition to lower extremity ortho, soft interface Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

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

Decision rationale: This patient presents with left hip pain and left knee pain. The treating physician has asked for Addition to Lower Extremity Ortho, soft interface Qty: 1 on 8/22/14. ACOEM recommends knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the treating physician does not provide any diagnosis that would warrant a knee bracing either by ACOEM or ODG guidelines. As a knee brace is not indicated, neither is the requested addition to lower extremity ortho, soft interface Qty: 1. Therefore, the request is not medically necessary.

Unloader brace left knee to unloadmedial compartment Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation ODG) Knee brace, under Knee & Leg (Acute & Chronic)

Decision rationale: This patient presents with left hip pain and left knee pain. The treating physician has asked for Unloader Brace Left Knee to Unload Medial Compartment Qty: 1 on 8/22/14. ACOEM recommends knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the treating physician does not provide any diagnosis that would warrant a knee bracing either by ACOEM or ODG guidelines. The patient has not had knee surgery, and does not exhibit signs of severe

instability, defects of the ligaments, or abnormal contour that would necessitate knee bracing. The requested unloader brace left knee to unload medial compartment Qty: 1 is not medically necessary at this time. Therefore, the request is not medically necessary.