MAXIMUS Federal Services

Case Number:	CM14-0178074		
Date Assigned:	10/31/2014	Date of Injury:	12/07/2001
Decision Date:	12/08/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 49 year old male who had a work injury dated 12/7/01. The diagnoses include left knee degenerative joint disease and degenerative lumbar disc. The patient has had multiple left knee surgeries. Under consideration are requests for neoprene knee sleeve (replacement) and left knee hinged brace (fusion). There is a progress note dated 10/3/14 that states that the patient has knee and back pain 8/10. He has aching, burning, and numbness. He completed 3 Orthovisc injections to the knee. On exam the left knee: decreased painful range of motion and tenderness to palpation in the medial/lateral joint lines, +crepitus. He is wearing left knee neoprene sleeve and hinged brace which are in poor condition. The treatment plan states Ultram ER will be discontinued. There is a request for authorization for replacement neoprene knee sleeve and left knee hinged brace (fusion).There is a request for an authorization for re-evaluation of the left knee with a surgeon for a surgical decision. There is a request for Naprosyn. Per documentation the patient had failed over-the-counter Aleve and ibuprofen due to ineffectiveness and stomach upset with ibuprofen use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neoprene Knee Sleeve (replacement): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.ncbi.nlm.nih.gov/pubmed/19467901# Joint Bone Spine. 2009 Dec;76(6):629-36. doi: 10.1016/j.jbspin.2009.02.002. Clinical practice guidelines for rest orthosis, knee sleeves, and unloading knee braces in knee osteoarthritis. Beaudreuil J1, Bendaya S, Faucher M, Coudeyre E, Ribinik P, Revel M, Rannou F.

Decision rationale: Neoprene Knee Sleeve (replacement) is not medically necessary. The MTUS and the ODG do not specifically address a neoprene knee sleeve. A review of the clinical practice guidelines for knee sleeves in the Bone, Joint, Spine reveals that few high-level studies of bracing for knee osteoarthritis were found. No evidence exists for the effectiveness of rest orthosis. Evidence for knee sleeves suggests that they decrease pain in knee osteoarthritis, and their use is associated with subjective improvement. These actions do not appear to depend on a local thermal effect. The effectiveness of knee sleeves for disability is not demonstrated for knee osteoarthritis. The documentation indicates that the patient is to follow up with a surgeon as well for possible knee surgery. The patient has been wearing prior neoprene sleeve and the documentation does not reveal functional benefit from this sleeve. This fact and in consideration of upcoming possible knee surgery make a neoprene knee sleeve (replacement) not medically necessary.

Left knee hinged brace (fusion): 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): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee-knee brace

Decision rationale: Left knee hinged brace (fusion) is not medically necessary per the MTUS guidelines MTUS guidelines. The MTUS guidelines state that a brace can be used 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. . The documentation does not indicate that the patient will be stressing the knee under load or that the patient is participating in a home exercise or other rehabilitation program. The patient will be following up with a surgeon for possible knee surgery. It is unclear from the documentation submitted what anatomical reason the hinged brace is used for. The request for a left knee hinged brace (fusion) is not medically necessary.

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naprosyn 500mg #60 is not medically necessary per the MTUS Guidelines. The MTUS states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS states that there is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The documentation indicates that the patient has taken over the counter NSAIDs and could not tolerate the side effects and the medications were not effective. The MTUS states that there is no evidence to recommend one drug in this class over another based on efficacy. Without functional improvement from prior NSAID use the request for Naprosyn 500mg #60 is not medically necessary.