

Case Number:	CM14-0034611		
Date Assigned:	06/20/2014	Date of Injury:	10/23/1991
Decision Date:	07/23/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery 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 61 year-old female injured on 10/23/1991. The mechanism of injury is noted as a fall due to being pushed from behind by children causing the injured worker to fall on both knees. The most recent progress note, dated 6/18/2014 from her primary care provider indicates that there are ongoing complaints of right knee pain, swelling, and warmth. She states it is sometimes the knee is red. She also complains of left knee catching. The physical examination demonstrated no redness noted. Left Total Knee: Clicks With Motion, positive tenderness immediately to the patella. Range of motion 0-100 Right Knee: tenderness along the joint line warm and swollen. Tender laterally. Instability noted decreased range of motion 5-70. Diagnostic imaging studies bilateral knee x-rays on 6/18/2014 reveal good alignment bilateral knees, anterior femur notched Right total knee and lucency of the right total knee stem. Left knee skyline view shows a piece of bone medially, not attached to the patella. Previous treatment includes bilateral knee surgery to include total knee replacement, right knee brace, and medications to include Norco. A request had been made for 1 soft hinged right knee brace and Hydrocodone and was not certified in the pre-authorization process on 3/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 soft hinged right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340.

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

Decision rationale: According to the American College of Occupational and Environmental Medicine guidelines there is no recommendation for or against functional bracing as part of a rehabilitation program. A brace can be used 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. After review of the medical documentation provided it is unlikely the injured worker will require brace with normal daily activities. The injured worker's job description does not include activities such as climbing ladders or carrying boxes which replace high demand on the affected extremity. This request is deemed to be not medically necessary.

Hydrocodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a Therapeutic Trial of Opioids Page(s): 75, 77-78, and 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. Chronic Pain Medical Treatment Guidelines supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, as well as appropriate medication use and side effects. The injured worker's chronic knee pain is dated back to 1999. After reviewing the documentation it is noted that she does have ongoing complaints of bilateral knee pain with the functional impairment and decreased range of motion to the right knee. The medical records were lacking objective clinical findings suggestive of the functional benefits resulting from the use of this medication. The claimant suffers from chronic pain, and has been on this medication long-term. There is no clinical documentation of improvement in her function with the current regimen. As such, this request is not considered medically necessary.