

Case Number:	CM14-0042466		
Date Assigned:	06/30/2014	Date of Injury:	05/12/2010
Decision Date:	09/15/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/09/2014

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 claimant is a 49-year-old female who injured her right knee on 05/12/10. The records provided for review include the report of an MRI of the right dated 12/12/13 that identifies patellofemoral joint cartilage change with a signal change to the medial meniscus consistent with a linear tear. The lateral meniscus was intact. There was a small joint effusion. Articular cartilages in the medial and lateral compartment were well maintained. The progress report dated 04/29/14 states the claimant is status post a September 2013, right knee arthroscopy with partial meniscectomy and debridement. Physical exam findings on that date demonstrated swelling laterally, positive McMurray's testing and positive medial and lateral joint line tenderness with 0-125 degrees range of motion. Postoperative treatment was noted to include medication management and physical therapy. This review is for a series of viscosupplementation injections as well as a custom brace for the claimant's right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee Oactive Brace with Bionicare: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Lower leg Chapter: Bionicare Knee Device.

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for knee bracing with Bionicare would not be recommended as medically necessary. According to ACOEM Guidelines, the role of bracing for the knee is indicated for patellar instability, anterior cruciate ligament medial collateral ligament instability. The medical records provided for review, do not identify the claimant has any evidence of collateral ligament injury or patellar instability to warrant the need for immobilization. The Official Disability Guidelines state that Bionicare is an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. There is no documentation to indicate the claimant is a candidate for total knee arthroplasty. The request for bracing is not medically necessary.

Right knee synvisc injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Hyaluronic acid or Hylan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure Hyaluronic acid injections.

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Looking at the Official Disability Guidelines, a series of Synvisc injections would not be indicated. The claimant's clinical records for review demonstrate isolated patellofemoral degenerative change with no indication of medial or lateral articular cartilage wear. When taking into account a lack of recent conservative measures including no corticosteroid procedures being documented, the acute need of viscosupplementation in this individual with well-preserved medial and lateral compartment would not be supported. Therefore the request is not medically necessary.