

Case Number:	CM14-0047670		
Date Assigned:	06/25/2014	Date of Injury:	11/25/2011
Decision Date:	07/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/31/2014

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 Pain management 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 67-year-old male with a date of injury of 11/25/2011. The listed diagnoses per [REDACTED] are left knee pain and back pain. The patient is status post failed distal femoral surgery in 2005. According to progress report from 02/19/2014, the patient presents with low back pain and leg pain. The patient feels weakness in his left lower extremity, but reports that it is likely due to his previous lesion in the left femur. The patient reports that the back pain is significantly debilitating to him. The request is for Sacro-Ease for the back, multi-ligament/CTI to left knee, and 3 cone shoe lift for left knee instability. Utilization review denied the request on 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacro-Ease for the back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic left knee and low back pain. The provider is requesting a Sacro-ease for back support. Sacro-ease is a seating cushion, used to fit over the car seat or chair for extra padding. The ACOEM, MTUS and ODG guidelines do not discuss cushions for back support. ODG does discuss durable medical equipment and states that for an equipment to be considered a medical treatment it needs to be used primarily and customary for medical purposes. It generally is not useful to a person in the absence of illness or injury. In this case, a cushion used for extra padding or support is not medically necessary and recommendation is for denial.

Multi-ligament/CTI left knee: Overturned

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).

Decision rationale: This patient presents with chronic left knee and low back pain. The provider is requesting a CTi brace for the left knee. Utilization review denied the requesting stating knee brace stating the patient does not have documented instability. CTi is a name brand customs knee brace with hinges. ODG Guidelines does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartamental OA, or tibial plateau fracture." ODG further states "There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients, a knee brace can increase confidence which may indirectly help with the healing process." In this case, this patient has instability of the left knee with difficulty squatting, stooping and ascending and descending stair and episodes of buckling and giving way. Recommendation is for approval.

3 Cone shoe lift for left knee instability: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic left knee and low back pain. The provider is requesting a shoe lift for the left knee instability. ODG guidelines has the following regarding shoe insole/shoe lifts: "Optional. Shoe insoles (or inserts) are devices placed inside shoes that may vary from over-the-counter foam or rubber inserts to custom-made orthotics. The therapeutic objective of shoe lifts is to compensate for lower limb length inequality and thereby reduce back pain." In this case, the patient has significant back pain and knee instability from fracture of femur, likely has leg length discrepancy, although not well documented. Recommendation is medically necessary.