

Case Number:	CM14-0052774		
Date Assigned:	07/07/2014	Date of Injury:	01/18/2013
Decision Date:	09/05/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 46 year old male with a date of injury on 1/18/2013. Diagnoses include lumbar radiculopathy, lumbar discogenic pain, and right knee meniscal tear. Subjective complaints are of neck and upper/lower back pain, and right knee pain. Physical exam showed a tender medial collateral ligament of the right knee. Cervical range of motion was decreased with paravertebral tenderness. The lumbar spine had decreased range of motion and tenderness. MRI of the right knee showed a medial meniscus radial tear. Treatment has included chiropractic, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Open Patellar Hinged Knee Brace: 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) . Integrated Treatment / Disability Duration Guidelines Knee & Leg (Acute & Chronic), Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE, KNEE BRACES.

Decision rationale: The ODG states that 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 all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. For this patient, there is no evidence of an ongoing rehabilitation program, or evidence of an unstable knee. Therefore, the medical necessity of a hinged knee brace is not established.

Urine Toxicology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, URINE DRUG SCREENING.

Decision rationale: CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. The patient is taking tramadol and there has not been documentation of previous drug screens. Therefore, a request for a urine drug screen is consistent with guideline recommendations and the medical necessity is established.