

Case Number:	CM14-0069712		
Date Assigned:	07/14/2014	Date of Injury:	10/16/2004
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 57-year-old male who has submitted a claim for bilateral knee osteoarthritis and right cubital tunnel syndrome associated with an industrial injury date of 10/16/2004. Medical records from 11/13/2013 to 07/14/2014 were reviewed and showed that patient complained of knee and right upper extremity pain graded 8/10 which was aggravated by activity. Physical examination of the upper extremities revealed well-healed surgical scars over left elbow and bilateral wrists. Tenderness over cubital tunnel was noted bilaterally. No tenderness over the carpal tunnels was noted. Sensation to light touch was decreased over right 3rd to 5th digits and left 4th to 5th digits. Elbow flexion test was positive on the right side. Physical examination of the lower extremities revealed bilateral knee edema and limited knee ROM bilaterally. Bilateral knees were stable to varus, valgus, anterior, and posterior stresses. Treatment to date has included right knee surgery (1990), left knee surgery (2005), total knee arthroplasty, right knee (10/08/2012), total knee arthroplasty, left knee (12/21/2012), bilateral carpal tunnel release (date not made available), left cubital tunnel release (date not made available), Oxycodone, Lyrica and other pain medications. Utilization review dated 05/01/2014 denied the request for bilateral hinged knee braces for support because there was no report of instability or muscle weakness or that he was using a rehabilitative exercise program for the knee. Utilization review dated 05/01/2014 denied the request for bilateral wrist splints because the findings did not suggest carpal tunnel syndrome or other conditions involving the wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL HINGED KNEE BRACES FOR SUPPORT: 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).

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, criteria for use prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. 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. In this case, the patient underwent bilateral total knee arthroplasty with continued pain in bilateral knees. The medical necessity for use of prefabricated braces has been established. However, there was no documentation of active participation in a rehabilitation program by the patient. The guidelines state that knee braces are only necessary when stressing the knee under load. Therefore, the request for Bilateral Hinged Knee Braces for Support is not medically necessary.

BILATERAL WRIST SPLINTS: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 156.

Decision rationale: According to pages 156 of the ACOEM Practice Guidelines referenced by CA MTUS, splints encourage lack of mobility which likely impairs or delays recovery with potentially increasing risk of complex regional pain syndrome, debility and delayed recovery. There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. In this case, objective findings do not suggest the presence of underlying wrist pathology. There was no diagnosis of wrist pathology as well. There is no clear indication for the use of wrist splints based on the medical records available. Therefore, the request for bilateral wrist splints is not medically necessary.

