

<b>Case Number:</b>	CM14-0078516		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/15/2005
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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, and is licensed to practice in California and Washington. 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 43-year-old male with a reported injury on 03/15/2005. The mechanism of injury was just due to cumulative trauma during the course of his work. There were no diagnoses that were provided. The injured worker has had previous treatments with physical therapy, ice, a home exercise program, the use of NSAIDs, corticosteroid injections and he has had a previous prefabricated unloader brace on 03/25/2014. He has had arthroscopic surgery in 03/2006. The injured worker had a review of records on 12/15/2013. There was not an actual clinical examination provided for review. Upon review of the records it was noted that the injured worker had cumulative trauma to both of his knees. The list of medications was not provided. The recommended plan of treatment and the Request for Authorization and the rationale were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Chapter Blue Cross and Blue Shield Durable Medical Equipment Section-Functional Knee Braces Policy No:46 effective Date 2004.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, knee brace.

**Decision rationale:** The California MTUS/ACOEM Guidelines do not recommend knee braces. The Official Disability Guidelines recommend a knee brace if there is knee instability, if there is ligament insufficiency or deficiency, if the knee is painful due to failed knee arthroplasty, if there is osteoarthritis. There is no evidence or examination provided for review. There is no evidence that previous conservative treatments have failed. There is a lack of documentation of the medication list and the efficacy of the medications. There is no examination or clinical note to consider for the request. It was mentioned in previous review of records that the injured worker did have a prefabricated unloader brace on 03/25/2014. There is a lack of evidence to support the medical necessity of a right knee brace. Therefore, the request for the right knee brace is not medically necessary.

**Right knee hyaluronic acid injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg Chapter: Hyaluronic Acid Injections.

**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, Hyaluronic acid injections.

**Decision rationale:** The California MTUS and the ACOEM guidelines do not address this request. The Official Disability Guidelines recommend the injections for severe osteoarthritis who have not adequately responded to conservative treatments, and medications are intolerant. There should be documentation of osteoarthritis symptoms such as bony enlargement, bony tenderness, crepitus, no palpable warmth and over the age of 50 years. There was a lack of documentation of the diagnoses. There was not a clinical examination that showed symptoms of arthritis. There was a lack of documentation of failed previous treatments. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request is not medically necessary.