

Case Number:	CM14-0089115		
Date Assigned:	07/23/2014	Date of Injury:	07/26/2004
Decision Date:	09/24/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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 Medicine 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:

This is a 54-year-old male patient who sustained an industrial injury on 07/26/04. Diagnoses include S/P right knee arthroscopy. The mechanism of injury occurred when the patient slipped and fell, resulting in a contusion of the knee. Previous treatment to date has included right knee orthopedic surgeries on 2004 and 2010. On 05/27/14, a request for knee spacer dispensed on 04/25/14 was denied at utilization review with the reviewing physician noting that the patient underwent knee surgery in 2004 and 2001, allowing him to return to full duty; therefore the knee spacer does not appear medically necessary. Most recent progress note dated 04/25/14 reveals the patient presented with right knee pain. Pain was rated at 6-7/10. Physical examination revealed right knee medial and lateral joint line tenderness and flexion limited to 118 degrees. Treatment plan included a knee spacer and Motrin 800mg, #120. There are multiple handwritten illegible progress notes included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Spacer dispensed on 4/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

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

Decision rationale: The ODG knee guidelines for knee braces indicate Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability 2. Ligament insufficiency/deficiency 3. Reconstructed ligament 4. Articular defect repair 5. Avascular necrosis 6. Meniscal cartilage repair 7. Painful failed total knee arthroplasty 8. Painful high tibial osteotomy 9. Painful unicompartmental osteoarthritis 10. Tibial plateau fracture. In this case, none of the above-noted conditions apply to support the need for a knee brace. Records indicate the patient previously underwent right knee arthroscopic surgeries in 2004 and again in 2010, and subsequently returned to work full duty. Most recent progress notes are handwritten and mostly legible. There is no documentation of any instability in the knee that would suggest the patient requires a knee spacer/brace. Physical examination identifies tenderness and limited range of motion. Therefore, the current request is not medically necessary.