

Case Number:	CM14-0094836		
Date Assigned:	07/25/2014	Date of Injury:	11/01/2007
Decision Date:	09/10/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/23/2014

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 Interventional Spine, 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 44-year-old female with date of injury of 11/01/2007. The listed diagnoses per [REDACTED] dated 05/14/2014 are: 1. Bilateral chondromalacia, patella. 2. Left knee medial meniscal tear. 3. Left knee surgery, 2008. According to this report, the patient complains of left knee pain. The patient also complains of bilateral rib and bilateral knee pain. She states that her knee pain radiates up and down her legs depending on the day. She states that her left knee is worse. She describes her pain as constant and sharp with numbness and tingling in both legs. The patient had left knee surgery on 05/06/2008 with minimal pain relief. She also received a left knee injection in 2008 with minimal pain relief. A repeat injection in 2011 on the left knee "made the pain worse." The objective findings show there is decreased right knee range of motion with moderate tenderness to palpation in the lateral aspect of the right knee. There is decreased left knee range of motion with moderate to severe tenderness to palpation on the left medial patella. The patient uses a walker and left knee brace. The utilization review denied the request on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Custom Left Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following regarding knee bracing:(<http://www.odg-twc.com/odgtwc/knee.htm#Kneebrace>).

Decision rationale: This patient presents with bilateral knee and bilateral rib pain. The treater is requesting a custom left knee brace. The ACOEM Guidelines, page 304, states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more of emotional than medical. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG further states that braces need to be used in conjunction with the rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. For custom-fitted knee brace, ODG requires specific problems with the knee contour, skin, or severe osteoarthritis. The progress report dated 05/14/2014 notes that the patient's left knee brace is not fitting properly and, consequently, not relieving the patient's pain. The treater is requesting a left custom knee brace to improve pain and stability. In this case, the patient does not present with any of the conditions mentioned by the ACOEM and ODG Guidelines that would support a custom fitted brace. Therefore, this request is not medically necessary.

Single Bilateral Knee Intra-Articular Steroid Injection Under Ultrasound Guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339,346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cortisone injection for knee.

Decision rationale: This patient presents with bilateral knee and bilateral rib pain. The treater is requesting a single bilateral knee intraarticular steroid injection under ultrasound guidance. The MTUS and ACOEM Guidelines do not address this request; however, ODG, on corticosteroid injection, states that it is recommended for short-term use only. Intraarticular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain one week after injection. The beneficial effect lasts for 3 to 4 weeks but is unlikely to continue beyond that. The progress report dated 05/14/2014 notes that the patient received a left knee injection in 2008 with minimal relief and another left knee injection in 2011, which "made the pain worse." MTUS, page 8, on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. In this case, the patient's 2011 knee injection did not result in functional improvement and the treater does not explain why he wants to try it again. Therefore, this request is not medically necessary.

