

<b>Case Number:</b>	CM14-0189394		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	12/12/2002
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 12, 2012. In a Utilization Review Report dated October 28, 2014, the claims administrator denied a request for a custom knee brace and similarly denied a request for viscosupplementation (Orthovisc) injections. The claims administrator stated that it had asked the attending provider to furnish a copy of the applicant's knee MRI before it approved the viscosupplementation injections. The claims administrator stated that the applicant had had previous injections and that the attending provider has failed to document the applicant's response to the same. The claims administrator stated that it was basing its decision on an August 20, 2014 progress note. The claims administrator recorded the applicant's age as 55. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 8, 2014, it was suggested that the applicant had not improved significantly. MRI imaging of the shoulder was sought, along with an elbow sleeve. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. A shoulder MRI of April 29, 2014 was notable for postoperative changes following earlier biceps tenodesis surgery. In a handwritten note dated May 6, 2014, it was again stated that the applicant had not improved significantly. Permanent work restrictions were renewed. The applicant was asked to continue home exercises. The applicant was described as unchanged. The note focused on discussion of the applicant's shoulder issues. In a July 22, 2014 handwritten progress note, a gym program was sought. 4/10 shoulder pain, unchanged, was appreciated. On August 20, 2014, the applicant reported ongoing complaints of right shoulder and left knee pain, 4/10. It was stated that previous Orthovisc injections had generated some improved activity tolerance. It was stated that the applicant had issues with knee instability. Permanent work restrictions were renewed. A knee brace was sought for the purposes of

improving the applicant's stability. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place, however. In a medical-legal evaluation dated October 4, 2009, the applicant was reportedly unable to return to usual and customary duties. The applicant was status post earlier knee meniscectomy. A 32% whole person impairment rating was issued, which apparently factor into account the applicant's complaints of knee pain, shoulder pain, a ventral hernia, and low back pain. The medical-legal evaluator did allude to various historical reports in which it was suggested that the applicant did have issues with knee degenerative joint disease status post earlier knee arthroscopy. The applicant had severe degenerative joint disease, the medical-legal evaluator stated in another section of his note.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Custom Donjoy 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 rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340, for the average applicant, a knee brace is usually unnecessary. Knee braces are typically necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes, ACOEM further notes. Here, however, the applicant is off of work. The applicant is unlikely to be climbing ladders or carrying boxes. Therefore, the proposed knee brace is not medically necessary.

**Orthovisc injections x3 to the Left Knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Viscosupplementation Injections section

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines do note that viscosupplementation injections are indicated in the treatment of moderate-to-severe knee osteoarthritis, as is apparently present here, both the applicant's treating provider and medical-legal evaluator have outlined above. The applicant was given diagnosis of advanced knee arthritis by a medical-legal evaluator several years prior. The applicant has undergone earlier knee surgery, implying that the applicant's knee arthritis may have degenerated or deteriorated. Recent progress notes suggested that the applicant's knee

complaints have progressively worsened over time. Pursuing repeat viscosupplementation injections, thus, is indicated. Therefore, the request is medically necessary.