

<b>Case Number:</b>	CM14-0190569		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 69-year-old male who reported an injury on 10/05/2009. The mechanism of injury was not provided within the documentation submitted for review. His diagnoses are right knee internal derangement, right foot peroneal tenosynovitis and left knee total arthroplasty with bone spur. His past treatment include physical therapy and cortisone injections. Diagnostic studies were not provided within the documentation submitted for review. His surgical history includes a left total knee arthroplasty with bone spur performed on 06/14/2013. The injured worker presented on 08/11/2014 with complaints of moderate pain in the right knee rated a 5/10 described as achy, dull, and localized with locking, clicking, and giving way. He further complained of pain in the right foot rated at 5/10 described as achy, dull, and localized with numbness along the lateral foot. He also had complaints of frequent and moderate pain in the cervical and lumbar spine, both rated 5/10 described as aching. Upon physical examination of the bilateral knees, there was mild to moderate tenderness to palpation over the medial joint line, lateral joint line, on the right. Range of motion to the right knee upon flexion was at 90 degrees, patellar reflexes were 2+ bilaterally, Achilles reflexes were 2+ bilaterally and capillary refill were brisk bilaterally. His current medication regimen included omeprazole, tramadol ER, cyclobenzaprine, and FCL compounded topical analgesic cream. The treatment plan included an MRI arthrogram of the right knee, an MRI without contrast of the right foot, a left knee revision surgery, and a right knee arthroscopy, and for the injured worker to remain temporarily and totally disabled for 45 days. The rationale for the request was that the clinician was requesting a

left knee revision surgery and the injured worker would need these devices postoperatively. Request for Authorization Form was not provided with the documentation submitted for review.

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

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

#### **Knee Braces, Bilateral Knees: Overturned**

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

**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, Knee Brace.

**Decision rationale:** The request for Knee Braces, Bilateral Knees is not medically necessary. The injured worker has bilateral knee pain. The patient is scheduled for bilateral knee surgeries per the note. The Official Disability Guidelines recommend knee brace postoperatively to reduce pain, improve stability, and reduce the risk of reinjury. The documentation submitted for review indicated that a request for knee surgery was being submitted, therefore, a request for knee braces was being submitted as well. As such, the request for Knee Braces, Bilateral Knees is medically necessary.

#### **Knee Exercise Kit, Bilateral Knees: 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), Home Exercise Kits

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

**Decision rationale:** The request for Knee Exercise Kit, Bilateral Knees is not medically necessary. The injured worker has bilateral knee pain. The Official Disability Guidelines state that exercise equipment is considered not primarily medical in nature. The documentation indicated that as a request was being submitted for bilateral knee surgery a request for a Knee Exercise Kit, Bilateral Knees was being submitted. However, the guideline state that exercise equipment is not primarily medical in nature. Given the above, the request does not support the evidence based guidelines. As such, the request for Knee Exercise Kit, Bilateral Knees is not medically necessary.