

Case Number:	CM14-0198286		
Date Assigned:	12/08/2014	Date of Injury:	05/02/2011
Decision Date:	01/20/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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 55 year-old patient sustained an injury on 5/2/11 while employed by [REDACTED]. Request(s) under consideration include Lateral OA Unloader Knee Brace and Random Urine Sample. Diagnoses include knee meniscal tear/ osteoarthritis/ old bucket handle tear/ Patella Chondromalacia s/p left knee arthroscopy with partial medial and lateral meniscectomies, chondroplasty and synovectomy on 1/18/12; neck; and thoracic/lumbar strain/sprains. Conservative care has included medications, therapy, and modified activities/rest. Report of 11/6/14 from the provider noted the patient with chronic ongoing left knee symptoms with increased pain and swelling. Exam showed unchanged findings of left knee tenderness at medial joint line, patellar region; diffuse decreased range and motor 4/5 strength; crepitus; without laxity about the knee; lumbar spine with decreased range; TTP and spasm. Treatment plan included Synvisc injection, Unloader brace, x-rays, UDS, and medications of Trazodone, Fexmid and Norco. The patient had recent UDS of 6/3/14 with positive opioid consistent result. The request(s) for Lateral OA Unloader Knee Brace and Random Urine Sample were non-certified on 11/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral OA Unloader Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: Guidelines states knee bracing may be a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this active knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful uni-compartmental osteoarthritis; or Tibial plateau fracture. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency not seen here. The medical necessity of an active brace may be an individual consideration in patients with abnormal limb contour, knee deformity, or large size, all of which would preclude the use of the standard model. There are no high quality studies or data in published peer-reviewed literature to show functional benefit or support the benefits of an active Unloader knee brace in terms of activities of daily living. In addition, many of the active functional knee braces are designed specifically for participation in elective sports, not applicable in this case. Submitted reports have not adequately demonstrated the indication or clinical findings to support this knee brace. The Lateral OA Unloader Knee Brace is not medically necessary and appropriate.

Random Urine Sample: 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), Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2011 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Random Urine Sample is not medically necessary and appropriate.

