

Case Number:	CM14-0199458		
Date Assigned:	12/09/2014	Date of Injury:	01/24/2011
Decision Date:	01/23/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/29/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/24/11, when she was repositioning a client and had mid and low back pain, left shoulder pain, and bilateral knee pain. Treatments included medications, physical therapy, and psychotherapy treatments. She underwent left shoulder arthroscopic subacromial decompression and rotator cuff repair in September 2012. She had postoperative physical therapy and another course of physical therapy beginning in November 2013. There had been moderate progress when discharged in December 2013. She was seen on 05/01/14. She was having left shoulder pain rated at 6/10, low back pain rated at 7/10, left knee pain rated at 6-7/10, and right knee pain rated at 6-7/10. Physical examination findings included an antalgic gait. There was pain and crepitation with range of motion. She had knee joint tenderness. An MRI of the right knee on 08/15/14 included findings of high-grade lateral patellar facet chondral loss. On 10/22/14 she was having right knee pain rated at 8/10. Physical examination findings included normal gait. There was pain and crepitus with right knee range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace, double upright, double hinged with patellar cutout: Overturned

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

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

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic right knee pain with an MRI showing high-grade lateral patellar facet chondral loss and findings of pain and crepitus with right knee range of motion. Although there are no high quality studies that support or refute the benefits of knee braces for patellar instability, in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In this case, the claimant has already had physical therapy and would be expected to be able to use the requested brace in combination with a self-directed home exercise program. Therefore, the requested knee brace is medically necessary.

Synvisc injections for the right knee, quantity 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mckesson Interqual Clinical Evidence Summary, Osteoarthritis, Knee, page 3, Official Disability Guidelines (ODG), Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic right knee pain with an MRI showing high-grade lateral patellar facet chondral loss and findings of pain and crepitus with right knee range of motion. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. There is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). In this case, the claimant has findings consistent with a diagnosis of patellofemoral syndrome. Therefore, the requested series of Synvisc injections is not medically necessary.