

Case Number:	CM14-0200064		
Date Assigned:	12/10/2014	Date of Injury:	06/08/2012
Decision Date:	01/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 Orthopedic Surgery 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 injured worker sustained a work related right knee injury on June 8, 2012, while employed as an ocean lifeguard. The injured worker's right knee MRI study done on August 22, 2014, was noted to show tricompartmental osteoarthritis with a large exophytic osteophyte from the midline lateral anterior peripheral rim of the tibia and exerts mass effect on the inferolateral margin of Hoffa's pad. The MRI was also noted to show tricompartmental chondromalacia of the patella, and an indication of a lateral meniscus tear and medial meniscus tear, chronic grade 3 complete tear and reabsorption of the anterior cruciate ligament. The MRI report was not included in the documentation provided. The injured worker's conservative treatments were noted to include physical therapy, chiropractic care, and oral medication. An Orthopaedic Clinic visit dated August 27, 2014, noted the injured worker with right knee pain, achiness, and stiffness, with a popping or locking sensation when pivoting or turning. Physical examination was noted to show right knee medial joint line tenderness, lateral joint line tenderness, tenderness along the patellofemoral articulation, positive patellofemoral crepitation, positive grind, and a positive McMurray's. The Physician's assessment included a work related injury to the right knee, history of right knee arthroscopic surgery in 1983, and tricompartmental degenerative arthritis of the right knee. The injured worker was noted to be on restricted duty, and was recommended to receive a viscosupplementation of Monovisc to the right knee. On October 29, 2014, a request for authorization was made for a right knee revision diagnostic and operative arthroscopic meniscectomy versus repair with possible debridement and/or chondroplasty, an assistant surgeon, postoperative physical therapy twice a week for six weeks, medical clearance (CBC, CMP, PT/PTT, Hep panel, HIV panel, U/A, EKG, and Chest X-ray), and a knee brace. On November 5, 2014, Utilization Review evaluated the request for a right knee revision diagnostic and operative arthroscopic meniscectomy versus repair with possible debridement and/or

chondroplasty, an assistant surgeon, postoperative physical therapy twice a week for six weeks, medical clearance (CBC,CMP, PT/PTT, Hep panel, HIV panel, U/A, EKG, and Chest X-ray), and a knee brace, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Knee Complaints, and the Official Disability Guidelines (ODG), Knee and Leg, updated October 27, 2014. The UR Physician certified the right knee revision diagnostic and operative arthroscopic meniscectomy versus repair with possible debridement and/or chondroplasty, an assistant surgeon, postoperative physical therapy twice a week for six weeks, and medical clearance (CBC,CMP, PT/PTT, Hep panel, HIV panel, U/A, EKG, and Chest X-ray). The UR Physician noted that a post-operative knee brace for routine knee scopes for meniscal and cartilage work was not needed, therefore the requested knee brace was not medically necessary or appropriate, and was non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee brace: 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 (updated 10/27/14), Knee Brace, Criteria for the Use of Knee Braces

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee braces

Decision rationale: MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. ODG identifies documentation of a condition/diagnosis for which a knee brace is indicated (such as: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed TKA, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture), as criteria necessary to support the medical necessity of a knee brace. Within the medical information available for review, there is documentation of diagnosis of tricompartmental arthritis of the right knee. In addition, given medical records identifying a certification for a right knee revision diagnostic and operative arthroscopy, meniscectomy versus repair, and possible debridement and/or chondroplasty, there is documentation of a pending surgery (including a meniscal cartilage repair) that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for knee brace is medically necessary.