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| Case Number: | CM14-0090607 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 04/17/2008 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 05/28/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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: Preventive Medicine, Occupational 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 63 year old female injured worker suffered an industrial injury on 4/17/2008. Employed as a manager for a restaurant, she was required to work 12- 14 hour days and sometimes 12 days in a row. In that position, she was expected to perform various and multiple tasks of each job description, when needed, including heavy lifting. She complained of low back pain, neck pain, bilateral shoulder pain, bilateral knee pain and bilateral leg pain. The injured worker had several and various orthopedic surgeries over the years including arthroscopic surgery to the bilateral knees in 2008. On the provider visit 4/29/14 x-rays were reviewed of the knees revealed mild bilateral degenerative changes to the lateral compartments. The exam revealed severe tenderness to the knees with a diagnosis of bilateral knee tendinosis. The injured worker also had been utilizing bilateral knee braces as she reported instability, locking of the joints and frequent falling. A request was made for 2 knee unloader braces along with additional x-rays of bilateral knees with weight bearing and merchant views. The provider cited 2 conflicting physician's opinions as to the diagnosis and treatment of the knees and requested the imaging to help clarify the diagnosis and ultimately the treatment. The UR decision on 5/28/2014 modified the request for the unloading braces and approving 2 simple hinged knee braces. The criteria were not met as there needed to be evidence of medical compartment osteoarthritis for the unloading braces and the documentation did not support that. The x-rays were denied as there were no "red flags" describing the medical necessity for repeated x-rays at that time as the last imaging was less than a year prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 knee Unloader Braces: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Integrated Treatment/Disability Duration Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346. Decision based on Non-MTUS Citation 1) Gravlee JR, Van Durme DJ. Braces and Splints for Musculoskeletal Conditions. Am Fam Physician. 2007 Feb 1;75(3):342-348 2) AAOS clinical practice guideline, Treatment of Osteoarthritis of the Knee 2nd edition

Decision rationale: The unloader knee brace is a custom-designed brace made of molded plastic, foam, and steel struts to limit side movement and is designed to put three points of pressure on the thigh. This forces the knee to bend away from the painful aspect of the knee essentially transferring or unloading stress from the inside or outside part of the knee. It is indicated for use in patients with pain from X-ray documented osteoarthritis of the knee. Although the ACOEM guideline suggests use of a brace only when necessary if the patient is going to be stressing the knee under a load, such as climbing or carrying objects, the American Academy of Orthopedic Surgeons (AAOS) suggests patients with knee pain from osteoarthritis use unloader braces for reduction of pain. However, present evidence is inconclusive so the AAOS recommends clinical judgment and patient preference should direct this therapy. This patient has X-ray documented osteoarthritis of the knee and both the provider and the patient would like to use the unloader brace. Medical necessity for use of this device has been established.

X-Rays Bilateral Knees weight bearing and merchant view: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-3. Decision based on Non-MTUS Citation 1) Swagerty DL, Hellinger D. Radiographic Assessment of Osteoarthritis. Am Fam Physician. 2001 Jul 15;64(2):279-287 2) American College of Radiology Appropriateness Criteria: Nontraumatic Knee Pain, 1995, last reviewed 2012 3) American College of Radiology Practice Parameter for the Performance of Radiography of the Extremities, Resolution 39, Amended 2014

Decision rationale: Weight bearing x-rays of the knees are x-rays used to best show the presence of degenerative disease within the knee and also view joint alignment. The merchant view demonstrates patellofemoral articulation. Initial x-ray evaluation of chronic knee pain should be 2 views, an anteroposterior view and a lateral view. Additional views of the knees including weight-bearing views may be required to correlate patient symptoms with x-ray findings. This patient has chronic knee pain that prior x-rays have created a difference of

opinion between two of the patient's providers, thus confusing decisions for further therapy. Additional x-rays studies to help direct therapy are indicated. Medical necessity for this procedure has been established.