

Case Number:	CM15-0144741		
Date Assigned:	08/05/2015	Date of Injury:	04/13/2010
Decision Date:	09/11/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: Physical Medicine & Rehabilitation

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 51 year old female with an industrial injury dated 04-13-2010. The injured worker's diagnoses include cervical sprain and strain, spondylosis status post fusion on 05-09-2012, lumbar sprain and strain, bilateral knee patella chondromalacia status post 1 bilateral knee arthroscopy, sacroiliitis and bilateral wrist and hand strain status post carpal tunnel release. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-11-2015, the injured worker reported worsening bilateral knee pain and decrease in activities of daily living. Objective findings revealed marked crepitus, right greater than left patellofemoral joint, positive atrophy of vastus and positive lateral tracking of patella. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed VQ orthocare left knee medial comp decompression brace and bilateral knee Mako CT scan for pre-operative purposes, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

VQ orthocare left knee medial comp decompression brace: Overturned

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

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) Chapter under Knee Brace.

Decision rationale: Based on the 06/11/15 progress report provided by treating physician, the patient presents with bilateral knee pain. The patient is status post left knee debridement of patella, lateral meniscectomy, medial meniscectomy, medial meniscus repair 08/31/11, right knee arthroscopy, chondroplasty 10/03/12, and right knee Fulkerson's procedure 09/04/13. The request is for VQ ORTHOCARE LEFT KNEE MEDIAL COMP DECOMPRESSION BRACE. Patient's diagnosis per Request for Authorization form dated 06/24/15 includes chondromalacia. MRI of the left knee dated 05/14/15 demonstrates "joint alignment is maintained. There is physiologic amount of joint fluid. There is full-thickness chondral loss at the median ridge extending into the medial and lateral patellar facets... There is a mild amount of edema in the suprapatellar fat pad the extensor mechanism and remaining fat pads are normal. The medial and lateral menisci, anterior and posterior cruciate ligaments, medial and lateral supporting structures, muscles, bone morphology, and remaining marrow signal are normal." MRI of the right knee dated 05/14/15 demonstrates "the joint alignment is normal the medial and lateral menisci appear normal. The medial and lateral supporting structures appear normal. There is chondral loss involving the patellar surface, particularly at the median ridge where there are high-grade to full-thickness defects and associated subchondral marrow edema. The trochlear cartilage demonstrates high-grade chondral fissuring laterally. The cartilaginous structures of the medial and lateral femorotibial compartments appear more normal." Patient's medications include Gabapentin, Ibuprofen and Vicoprofen, per 06/11/15 report. The patient is permanent and stationary, per 06/11/15 report. Treatment reports provided from 01/13/15 - 06/01/15. Progress reports were handwritten and difficult to interpret. ODG guidelines, Knee & Leg (Acute & Chronic) Chapter under Knee Brace, provides following criteria for the use of knee brace refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. Treater has not provided reason for the request. Physical examination to the knees on 06/11/15 revealed marked crepitus, right greater than left patellofemoral joint, positive atrophy of varus and positive lateral tracking of patella. MRI of the right knee dated 05/14/15 demonstrates "There is chondral loss involving the patellar surface, particularly at the median ridge where there are high-grade to full-thickness defects and associated subchondral marrow edema. The trochlear cartilage demonstrates high-grade chondral fissuring laterally." While ODG does not specifically address the use of this proprietary brand of knee brace, the request appears to be reasonable. The documentation provided does not indicate any knee braces or other DME being issued to date. Given this patient's multiple knee surgeries which included meniscal cartilage repair, and consistent intractable knee pain, a brace could provide some pain relief and functional improvement. Therefore, the request IS medically necessary.

Bilateral knee Mako CT scan for pre-op purposes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter under CT Scans.

Decision rationale: Based on the 06/11/15 progress report provided by treating physician, the patient presents with bilateral knee pain. The patient is status post left knee debridement of patella, lateral meniscectomy, medial meniscectomy, medial meniscus repair 08/31/11, right knee arthroscopy, chondroplasty 10/03/12, and right knee Fulkerson's procedure 09/04/13. The request is for BILATERAL KNEE MAKO CT SCAN FOR PRE-OP PURPOSES. Patient's diagnosis per Request for Authorization form dated 06/24/15 includes chondromalacia. Physical examination to the knees on 06/11/15 revealed marked crepitus, right greater than left patellofemoral joint, positive atrophy of varus and positive lateral tracking of patella. MRI of the left knee dated 05/14/15 demonstrates "joint alignment is maintained. There is physiologic amount of joint fluid. There is full-thickness chondral loss at the median ridge extending into the medial and lateral patellar facets... There is a mild amount of edema in the suprapatellar fat pad the extensor mechanism and remaining fat pads are normal... The medial and lateral menisci, anterior and posterior cruciate ligaments, medial and lateral supporting structures, muscles, bone morphology, and remaining marrow signal are normal." MRI of the right knee dated 05/14/15 demonstrates "the joint alignment is normal the medial and lateral menisci appear normal. The medial and lateral supporting structures appear normal. There is chondral loss involving the patellar surface, particularly at the median ridge where there are high-grade to full-thickness defects and associated subchondral marrow edema. The trochlear cartilage demonstrates high-grade chondral fissuring laterally. The cartilaginous structures of the medial and lateral femorotibial compartments appear more normal." Patient's medications include Gabapentin, Ibuprofen and Vicoprofen, per 06/11/15 report. The patient is permanent and stationary, per 06/11/15 report. Treatment reports provided from 01/13/15 - 06/01/15. Progress reports were handwritten and difficult to interpret. ODG Knee chapter under CT Scans states: "Recommended as an option for pain after TKA with negative radiograph for loosening. One study recommends using computed tomography (CT) examination in patients with painful knee prostheses and equivocal radiographs, particularly for: (1) Loosening: to show the extent and width of lucent zones that may be less apparent on radiographs; (2) Osteolysis: CT is superior to radiographs for this diagnosis; recommend CT be obtained in patients with painful knee prostheses with normal or equivocal radiographs and increased uptake on all three phases of a bone scan to look for osteolysis; (3) Assessing rotational alignment of the femoral component; (4) Detecting subtle or occult periprosthetic fractures. (Weissman, 2006) Three-dimensional CT is not recommended for routine preoperative templating in TKA. (Davis, 2010) (Kobayashi, 2012) (Nowakowski, 2012) See Three-dimensional CT (3D)." Per 06/11/15 report, treater requests "preop MAKO CT Scan," stating that patient "may be candidate for MAKO PKA" According to guidelines, knee CT scans are recommended as an option for pain after TKA with negative radiograph for loosening, knee prosthesis with normal or equivocal radiographs, osteolysis, assessment of rotational alignment of the femoral component, and to detect periprosthetic fractures. In this case, the patient is postoperative for both knees. However, a CT scan is not indicated per ODG guidelines without a negative radiograph for loosening. There are no X-rays of either knee, nor discussion

of X-ray findings. Furthermore, there is no indication that knee surgery has been authorized to warrant the request. In addition, ODG states "Three-dimensional CT is not recommended for routine preoperative templating in TKA." This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.