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| Case Number: | CM15-0147465 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 02/26/2012 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 07/20/2015 |
| Priority: | Standard | Application Received: | 07/28/2015 |

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 60 year old female who sustained an industrial injury on 02-26-2012. Mechanism of injury was not found in documents presented for review. Diagnoses include slip and fall contusion injury due to left knee giving way injuring the right foot, exostosis of the first metatarsophalangeal joint of the left foot, degenerative joint disease of the first metatarsophalangeal joint-left foot, overuse injury to the right foot, status post-surgical repair of the hallux rigidus-right foot, and a painful gait. Treatment to date has included diagnostic studies, status post-surgery to the right foot, status post-surgery to the left shoulder surgery, medications, chiropractic sessions, Synvisc injections, and left hip injections. The most recent physician progress note dated 03-25-2015 documents the injured worker presents for a post-operative evaluation. She was doing well until she sustained a fall when her left knee gave out causing her to fall. As a result of the fall she aggravated her right foot when she struck the ground. She is concerned she may have sustained additional injury to her right foot. There is a well-healed incision in the medial aspect of the right foot secondary to hallux valgus treatment. The stitches have moved up into the skin, indicative of the injury sustained by not completely torn. The wound is still closed and no abnormalities were noted. The stitches will stay in place until further notice. Treatment requested is for left knee hinged neoprene brace, orthopedic consultation for left hip, and Retro MR Arthrogram of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro MR arthrogram of the left knee: 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), Knee & Leg, MRI arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 341-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, MR arthrography.

Decision rationale: CA MTUS/ACOEM is silent on the issue of MR arthrogram of the knee. According to the ODG Knee Chapter, MR arthrography, it is recommended postoperative option to help diagnose suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. These conditions do not apply in this case and therefore the determination is for non-certification. According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The clinical information submitted for review does not demonstrate that a period of conservative care has been performed to meet CA MTUS/ACOEM guideline criteria for the requested imaging. The request for knee MRI is therefore not medically necessary and appropriate.

Left knee hinged neoprene brace: 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), Knee & Leg, Brace.

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

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore, the request for durable medical equipment, knee brace, is not medically necessary and appropriate.

Orthopedic consultation for left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: CA MTUS/ACOEM is silent with regard to orthopedic consultation for hip complaints. Hip consultations indications are extrapolated from the Knee section. According to the CA MTUS/ACOEM guidelines Chapter 13 (Knee complaints), page 343-344, Referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month, and; Failure of exercise programs to increase range of motion and strength of the musculature around the knee. In this case, there is insufficient evidence from the exam notes provided of failure of physical therapy or exercise program for the patient's hip pain. Therefore, the guideline criteria have not been met and determination is for non-certification.