

Case Number:	CM15-0149656		
Date Assigned:	08/12/2015	Date of Injury:	06/02/2007
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	08/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male who sustained an industrial injury on 6-2-07. His initial complaints are not available for review. An orthopedic evaluation dated 3-9-15 indicates that the injured worker was struck by a car, causing injury to his right medial knee, while performing his job duties. He was diagnosed with "right knee strain, MCL, rule out medial meniscal tear, work-related". He was, initially, treated with Tylenol and Motrin, but these were discontinued due to stomach upset. An orthopedic consultation on 8-2-07 stated that the injured worker "walks with a cane at all times". Diagnoses included right knee valgus injury, MCL sprain, lateral femoral condyle contusion, and osteochondral injuries. On 8-29-07, he was noted to be "non-compliant with physical therapy", indicating that he was not in agreement with the orthopedist's opinion. In December 2008, he reported neck and back pain related to his impaired gait. He also indicated that he was "depressed", stating reasons that his family lived far away and the fact that he had not seen them in a long time. The assessment was "low back pain, neck pain, and anxiety disorder". Treatment recommendations in April 2015 included "supportive psychotherapy". In the May 6, 2015 orthopedic note, it indicates that the injured worker had a prior history of a car rolling over his chest, after being struck by another car, causing a chest injury. In 2008, he developed chest pain and cardiac symptoms. He had several emergency department visits and was, ultimately started on Zoloft and Gabapentin. His history also revealed that he had left knee surgery in 2008. The PR-2 dated 6-1-15 states that the injured worker continued to have pain in his right knee, rating it "6 out of 10". He reported that he had the feeling of "pins and needles" and felt the pain referred to his lower back and down to his foot. He reported that he was not

receiving Effexor, which was being prescribed by his therapist. He reports that the medication has "significantly helped his mood". He has not been taking pain medications due to a history of elevated liver function tests. He reported that he was in search of a primary care provider to follow this issue. The PR-2 indicates that he completed physical therapy. He also tried acupuncture, which was noted to be ineffective. He is currently receiving Voltaren gel for pain. The treatment plan was to continue Effexor, establish primary care provider, and aqua therapy to help reduce stiffness and swelling related to immobility without causing additional impact on the knee. On June 29, 2015, the injured worker indicated that his pain "is worse when he goes up stairs". He reported that he "lives upstairs and needs some support". The note indicates that he has a knee brace "but it is so old it no longer provides him with any support and he doesn't wear it because it falls off when he puts it on". Treatment recommendations were to continue Effexor and follow up with psychotherapist this month, start aqua therapy, and request knee brace to help give extra stability getting up the stairs to his apartment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

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 has a remote history of a work injury occurring in June 2007 and continues to be treated for knee pain. When seen, 12 sessions of pool therapy had been authorized. He was having worsening knee pain when going upstairs. He was wearing a knee brace which was no longer providing support and was poorly fitting. Physical examination findings included eight BMI of over 32. There was a normal sitting and standing posture. He was able to transition from seated to standing position normally. He was ambulating with a cane. Authorization for a right knee brace was requested. A prefabricated knee brace may be appropriate in a patient with knee instability, ligament insufficiency/deficiency or after ligament reconstruction, after articular defect or meniscal repair, after a tibial plateau fracture, after high tibial osteotomy, in the setting of pain after failed total knee arthroplasty, or with a diagnosis of avascular necrosis or painful unicompartmental osteoarthritis. A custom-fabricated knee brace may be appropriate for patients with conditions which may preclude the use of a prefabricated model. In this case, none of these conditions is supported by the information provided. The claimant has been appropriately referred for pool therapy which would be a potentially effective treatment for his knee pain. Other conservative treatments including medications are available. The requested brace was not medically necessary.