MAXIMUS Federal Services

Case Number:	CM15-0163413		
Date Assigned:	09/01/2015	Date of Injury:	02/17/2014
Decision Date:	10/06/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/20/2015

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 52 year old female who sustained an industrial injury on 02-17-14. Initial complaints and diagnoses are not available. Treatments to date include medications, cortisone injections, Synvisc injections, and physical therapy. Diagnostic studies include x-rays and a MRI of the left ankle. Current complaints include persistent pain in the left foot, ankle, and lower leg, as well as both knees. Current diagnoses include chronic Achilles tendinitis with interstitial tearing, severe degenerative joint disease medial compartment of the bilateral knees, and arthrofibrosis of the left ankle with probable instability. In a progress note dated 06-22-15, the treating provider reports the plan of care as a cam walker boot and one pair of custom orthotics for the knees. The requested treatments include one pair of top covers for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of top covers for bilateral knees, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, Chronic Pain Treatment Guidelines.

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 Chapter under Knee Brace.

Decision rationale: The patient presents on 06/22/15 with left achilles tendon pain rated 3/10, and bilateral knee pain rated 3/10 at rest and 7-8/10 during ambulation. The patient's date of injury is 02/17/14. Patient is status post multiple Synvisc injections in the bilateral knees. The request is for ONE PAIR OF TOP COVERS FOR BILATERAL KNEES, PURCHASE. The RFA is dated 07/15/15. Physical examination dated 06/22/15 reveals tenderness to palpation and thickening of the Achilles tendon on the left, with pain elicitation upon stretching of the tendon. The provider notes trace edema in the bilateral knees, moderate tenderness to palpation bilaterally, positive Apley's test bilaterally, crepitus, and 2+ medial instability bilaterally. Decreased Achilles tendon reflexes are also noted. The patient is currently prescribed Triamterene, Hydrochlorothiazide, Atenolol, and Potassium. Patient is currently classified as temporarily totally disabled.ODG guidelines, Knee & Leg 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. In this case, the provider is requesting a neoprene/elastic-material cover which is designed to go over the custom knee braces issued for this patient's knee instability. While ODG does not specifically address the use of covers for bracing, the request appears excessive. The documentation provided indicates that this patient presents having continued ongoing bilateral knee pain and instability, for which bracing is considered appropriate. What is less clear, however, is why the associated knee orthotics requires a separately purchased top cover to function correctly. Given this patient's knee pain and instability, custom orthotics to reduce pressure on the medial compartment is an appropriate measure; however the associated cover is an excessive accessory and is not required for proper functioning of the braces. Therefore, the request IS NOT medically necessary.