

Case Number:	CM15-0183668		
Date Assigned:	09/24/2015	Date of Injury:	11/19/2001
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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 54-year-old female with a date of injury on 11-19-2001. The injured worker is undergoing treatment for pain in joint of the lower leg; she is status post right knee surgery on 04-21-2003. A physician progress note dated 09-04-2015 documents the injured worker complains of right knee pain. She states her right knee is bothering her immensely, and she cannot handle the pain. She states a right knee replacement has been recommended. She rates her pain as 3 out of 10 with medications and 9 out of 10 without medications. Her pain is unchanged since her last visit. Her activity level is decreased. On examination, she has a right sided antalgic gait and uses a cane. Motor strength was limited by pain. Sensation to light touch was decreased over the bilateral calves. She has complaints of depression and anxiety. In a physician note, dated 08-26-2015 there is documentation that knee surgery has not yet been scheduled. Treatment to date has included diagnostic studies, medications and surgery. Current medications include Miralax, Ditropan, Omeprazole, Paroxetine, Neurontin and Oxycodone. The treatment plan includes a right knee brace for instability, a consult for right knee pain and instability and she is to continue using the Oxycodone, and no refill is needed. On 09-14-2014 the Utilization Review non-certified, the request for a right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Knee & Leg (Acute & Chronic) - Knee brace.

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: The patient presents with right knee pain. The request is for RIGHT KNEE BRACE. Patient is status post right knee and pubic symphysis surgery, 04/21/13. Per 07/01/15 progress report, patient's diagnosis include s/p 1-19/2011 multiple trauma, s/p ORIF of a right lateral tibial plateau fracture and right leg anterior compartment fasciotomy along w/ reduction w/ application of an external fixator and percutaneous pinning of a left distal radius fracture, s/p ORIF of the left navicular fracture and left subtalar dislocation w/ debridement of the fractures of the cuneiform bone and proximal metatarsals, cervical spondylosis w/ a C5-6 left paramedian subligamentous protrusion, s/p a left foot double arthrosis of the mild tarsal joint with autogenous bone graft and internal fixation along w/ neurolysis and cryosurgery of the sural nerve and tenolysis of the peroneal tendon w/ removal of two buried screws, s/p left carpal tunnel release and de Quervains tenolysis along w/ radial styloidectomy, post traumatic head syndrome, psychological factors affecting physical condition, s/p 01/03/2003 removal of hardware from the left foot, s/p right knee and pubic symphysis surgery on 04/21/2003 w/ revision of her pubic symphysis on 05/12/2003, s/p 11/12/2003 lumbar fusion on 11/12/2003, s/p 02/27/2004 total knee replacement on 02/27/2004, s/p 03/02/2005 pelvic screw removal, s/p 07/05/2005 left foot fusion, and chronic pain syndrome. Patient's medications, per 08/06/15 progress report include Miralax, Ditropan, Omeprazole, Paroxetine, Neurontin, and Oxycodone. Patient is permanent and stationary. 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 specifically discussed this request; no RFA was provided either. Patient is status post right knee surgery 04/21/15, and complains of right knee pain. Per 07/01/15 progress report, patient's diagnosis includes s/p ORIF of a right lateral tibial plateau fracture and right leg anterior compartment fasciotomy along w/ reduction w/ application of an external fixator and percutaneous pinning of a left distal radius fracture. ODG Guidelines support the use of a knee brace for patients with tibial plateau fracture. This request appears to be reasonable and within guideline recommendations. Therefore, the request IS medically necessary.