

Case Number:	CM15-0194069		
Date Assigned:	10/07/2015	Date of Injury:	10/07/2014
Decision Date:	11/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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, Hawaii
 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 35 year old male, who sustained an industrial injury on 10-7-2014. Medical records indicate the worker is undergoing treatment for right knee medial collateral ligament tear. A recent progress report dated 7-2-2015, reported the injured worker complained of right knee pain rated 6 out of 10. Physical examination revealed right knee tenderness greatest at the medial aspect and crepitus with range of motion: 0-110 degrees with pain. Right knee magnetic resonance imaging on 7-1-2015 showed medial collateral ligament tear with edema and some edema anterior to the patella. Treatment to date has included knee braces in October and December of 2014, physical therapy and Hydrocodone. On 9-17-2015, the Request for Authorization requested right knee hinged brace with professional setup and a urine drug screen x2. On 9-24-2015, the Utilization Review noncertified the request for right knee hinged brace with professional setup and 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right hinged knee brace with professional setup: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: The patient presents with diagnosis of a right knee medial collateral ligament tear. The patient recently complained of right knee pain. An MRI dated 7/1/15 of the right knee revealed medial collateral ligament tear with edema and some edema anterior to the patella. Treatment to date has included knee braces in October and December of 2014. The current request is for 1 right hinged knee brace with professional setup. The treating physician states in the treating report dated 7/2/15 (165B), "Continue with request for right knee hinged brace. Brace is to provide stability and facilitate improved tolerance to walking." ACOEM addresses the proposed medical treatment and recommends "knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." ODG guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the clinical history does provide a diagnosis of medial collateral ligament tear which would generally warrant knee bracing by both ODG and ACOEM Guidelines. However, the patient is no longer actively engaged in a rehabilitation program. Additionally, the clinical history fails to document a rationale for the necessity of replacing the patient's existing knee brace and in the treating report dated 7/30/15 (209B), notes "At this point the patient is capable of resuming his former occupation without need for restrictions." The current request is not medically necessary.

1 Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Criteria for use of Urine drug testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The patient presents with diagnosis of a right knee medial collateral ligament tear. The patient recently complained of right knee pain. An MRI dated 7/1/15 of the right knee revealed medial collateral ligament tear with edema and some edema anterior to the patella. Treatment to date has included knee braces in October and December of 2014. The current request is for 1 urine drug screen. The treating physician states in the treating report dated 7/2/15 (165B), "Initiate urine toxicology screen in compliance with Guidelines, patient does consume prescription drugs on an industrial basis today's screening is random and to remain in strict compliance with ODG and CPMTG May 2009 Edition (see supporting tables below) provided patient high risk category." MTUS Guidelines do address urine drug screen (UDS) however MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users. ODG Guidelines provide clearer recommendation. ODG

recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. ODG guidelines go on to state that the frequency of urine drug testing should be based on risk stratification. In this case, the patient has been prescribed an opioid, Hydrocodone. The last UDS was completed on 5/5/15 (216B). However, the clinical documentation provided does discuss the patient's risk stratification. The patient is not defined as a low risk (1 time yearly), nor medium risk (2-3 times yearly) but instead is noted to be a high risk (up to monthly) for addiction/aberrant behavior. Given the patient's risk stratification the current request is medically necessary.