

Case Number:	CM15-0194305		
Date Assigned:	10/08/2015	Date of Injury:	01/07/2009
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 53 year old male who sustained an industrial injury on 1-7-09. In a progress report dated 6-17-15, the physician notes he is status post right knee diagnostic and operative arthroscopy on 6-10-11 and was noted to have grade 2 osteoarthritis of the medial facet of the patella and grade 2 of the inner medial femoral condyle. Left knee compensatory pain and mechanical symptoms are noted. Physical exam of the right knee notes tenderness to palpation, extension lacking 10 degrees, strength 4 out of 5, positive patellofemoral crepitation, positive grind, audible clicking, stiffness at end ranges and trace effusion. A computerized tomography (3-17-15) is reported to reveal mild degenerative changes of the right knee and borderline patella, and mildly shallow trochlear groove. Work status is restricted duty. Previous treatment notes that he was receiving Synvisc One viscosupplementation injections (2-2012, 8-2013) with reported excellent relief except for the last injection (5-6-15) which notes an exacerbation and flare-up of current symptoms and worsening of symptoms with limited mobility. Audible clicking, popping and pain that is not decreased with medication is reported. Previous therapy also includes rest, ice, anti-inflammatories, analgesics, home exercise program, and compression. The plan notes an updated MRI and request for a web reaction brace for the right knee as he is reportedly experiencing fatigability and overall instability due to constant pain. (Pain on 6-30-15 is rated at 8 out of 10 on average with and without medications and ongoing limitations in activities of daily living are reported). The requested treatment of (retrospective date of service 6-17-15) Reaction knee brace and Knee control full kneecap was non-certified on 9-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Reaction knee brace, quantity: 1, dispensed 06/17/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee braces (2015).

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

Decision rationale: This 53 year old male has complained of knee pain since date of injury 1/7/2009. He has been treated with surgery, physical therapy, synvisc injections and medications. The current request is for a retrospective request for Reaction knee brace, quantity: 1, dispensed 06/17/2015. Per the MTUS guidelines cited above, a knee brace is not recommended for the treatment of knee osteoarthritis. The MTUS guidelines state that a brace may be used for the following diagnoses although the benefits have not been proven: patellar instability, anterior cruciate ligament tear and medial collateral ligament instability. There is inadequate documentation in the available medical records to support that the patient has any of these stated conditions. On the basis of the available medical records and per the guidelines cited above, retrospective request for Reaction knee brace, quantity: 1, dispensed 06/17/2015 is not indicated as medically necessary.

Retrospective request for Knee control full knee cap, quantity: 1, dispensed 06/17/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee braces (2015).

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

Decision rationale: This 53 year old male has complained of knee pain since date of injury 1/7/2009. He has been treated with surgery, physical therapy, synvisc injections and medications. The current request is for retrospective request for knee control full knee cap, quantity: 1, dispensed 06/17/2015. Per the MTUS guidelines cited above, a knee control full knee cap is not a recommended treatment modality for knee pain. On the basis of the available medical records and per the guidelines cited above, retrospective request for knee control full knee cap, quantity: 1, dispensed 06/17/2015 is not indicated as medically necessary.