MAXIMUS Federal Services

Case Number:	CM15-0203537		
Date Assigned:	10/20/2015	Date of Injury:	04/15/1996
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/16/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 70 year old female, who sustained an industrial injury on 4-15-96. The injured worker was diagnosed as having lumbar spinal discopathy; lumbar spondylolisthesis; right knee incision and drainage; left knee pain; status post left total knee replacement - revision; right knee strain compensatory; status post left total knee rule out loosening. Treatment to date has included status post left knee arthroplasty; status post left total knee revision; physical therapy; medications. Currently, the PR-2 notes dated 8-28-15 indicated the injured worker returns to the office for an orthopedic re-evaluation of her low back and left knee. She complains of aching and stabbing pain in her left knee which rates at "6 out of 10" on the pain scale per the provider's documentation. He also notes "She complains of aching and stabbing pain in her right knee which she rates 7 out of 10. She is currently taking Norco." On physical examination, the provider notes "The patient has a mild antalgic gait. She has sacroiliac tenderness with pain in the lower lumbar midline and paraspinous musculature. There is mild amount of muscle spasms on forward flexion. Extension is limited to 10 degrees on stress of the pelvis with tenderness along the sacroiliac joint. Sciatic stretch produces back pain and sacroiliac pain at 70 degrees. Forward flexion is 20 degrees; extension is 10 degrees, tilts to right and left is 15 degrees. Hip range of motion is intact, but maximum flexion produces pain in the sacroiliac region and low back. Left knee notes an incision on the anterior aspect of the knee is healing without evidence of infection, suture mass or significant scar. The patella is centralized. There is normal cruciate and collateral ligament test with minimal clicking on contact of the prosthesis. There is diffused tenderness along the medial and lateral aspect of the tibia. The posterior popliteal and hamstring area is slightly tender without significant swelling.

There is mild weakness of the quadriceps and hamstring muscle group. Lower extremity is intact for neuro except for some mild numbness in the peri-incisional area." He notes in his treatment plan that she is using pain medication, using the gym and benefited from therapy. Her right knee is giving her a fair amount of pain and the left knee has started to feel much better. With her low back, she does not have much in the way of significant pain. She will be seen in a month as she has tried to wean herself off medications. Only a transdermal will be prescribed on today's visit. There is a RFA and prescription for a Functional Knee Brace (L1845) for purchase dated 9-14-15 submitted with this medical documentation. A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 9-22-15 and non-certification for Functional left knee brace. A request for authorization has been received for Functional left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: Per the ACOEM chapter on knee complaints, table 13-3 list the following as optional treatment measures for different knee injuries: Cruciate ligament tear: crutches, knee immobilizer and quadriceps/hamstring strengthening. Meniscus tears: quadriceps strengthening, partial weight bearing, knee immobilizer as needed. Patellofemoral syndrome: knee sleeve, quadriceps strengthening and avoidance of knee flexion. The patient does not have the diagnoses of meniscal tear and ACL tear and knee sprain/strain. The patient does not have the diagnoses of patellofemoral syndrome. Per the ACOEM, knee braces are only recommended as a treatment option for these conditions. The patient has the diagnosis of TKA. Therefore the request does not meet guideline recommendations and is not medically necessary.