

Case Number:	CM15-0217613		
Date Assigned:	11/09/2015	Date of Injury:	09/28/2014
Decision Date:	12/21/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/05/2015

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:

This is a 46-year-old male with a date of industrial injury 9-28-2014. The medical records indicated the injured worker (IW) was treated for status post left knee arthroscopy; and internal derangement of the left knee. In the progress notes (10-5-15), the IW reported ongoing left knee pain. On examination (10-5-15 notes), there was tenderness to the left knee. Portal scars were healed. In the 9-23-15 progress notes, he had bilateral knee pain rated 3 to 5 out of 10 with medication and 8 to 9 out of 10 without them. He reported difficulty with toileting, standing, sitting, reclining, walking, climbing stairs, restful sleep and sexual function. The left knee exam on 9-23-15 showed flexion of 140 degrees, extension 0 degrees, stable anterior drawer, negative Lachman's and pain with valgus stress. There was palpable tenderness over the medial and lateral cruciate ligaments bilaterally and crepitation of the patellofemoral joint bilaterally. Treatments included left knee arthroscopy, physical therapy, steroid injections, Synvisc injections and bracing. The IW was released for full duty without restrictions. MRI of the left knee on 10-29-14 showed mild tendinosis of the origins of the patellar tendon and mild to moderate osteoarthritis of the patellofemoral joint, as per the provider's notes. There was no indication of muscle spasms in the recent exams. The provider recommended more support for the left knee. A Request for Authorization was received for purchase of one knee brace; purchase of one left patella stabilizer brace; and Fexmid 7.5mg, #90. The Utilization Review on 10-15-15 non-certified the request for purchase of one knee brace; purchase of one left patella stabilizer brace; and Fexmid 7.5mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase knee brace Qty 1: Upheld

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

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

Decision rationale: Review indicates the patient is s/p knee arthroscopy on 3/2/15 with current clinical exam noting patient negative orthopedic stress testing, negative for instability or internal derangement with release to full duty. Guidelines states knee bracing is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this active knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful uni-compartmental osteoarthritis; or Tibial plateau fracture, none demonstrated here. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the "off the shelf" type. Submitted reports have not adequately demonstrated the indication or clinical findings to support this knee brace. The Purchase knee brace Qty 1 is not medically necessary or appropriate.

Purchase left patella stabilizer brace Qty 1: Upheld

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

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

Decision rationale: Review indicates the patient is s/p knee arthroscopy on 3/2/15 with current clinical exam noting patient negative orthopedic stress testing, negative for instability or internal derangement with release to full duty. Guidelines states knee bracing is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this active knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful

uni-compartmental osteoarthritis; or Tibial plateau fracture, none demonstrated here. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the "off the shelf" type. The medical necessity of an active brace may be an individual consideration in patients with abnormal limb contour, knee deformity, or large size, all of which would preclude the use of the "off the shelf" model. There are no high quality studies or data in published peer-reviewed literature to show functional benefit or support the benefits of an active functional knee brace compared to the off-the-shelf type, in terms of activities of daily living. In addition, many of the active functional knee braces are designed specifically for participation in elective sports, not applicable in this case. Submitted reports have not adequately demonstrated the indication or clinical findings to support this patella stabilizer. The Purchase left patella stabilizer brace Qty 1 is not medically necessary or appropriate.

Fexmid 7.5mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have not demonstrated acute change or progressive clinical deficits to warrant long-term use of a muscle relaxant beyond few weeks for this chronic injury. Submitted reports have not documented extenuating circumstances outside guidelines criteria to support for this treatment with a muscle relaxant, Fexmid without demonstrated indication or clinical findings of muscle spasm. MTUS Guidelines do not recommend long-term use of this muscle relaxant beyond first few weeks of acute treatment for this chronic 2014 injury. The Fexmid 7.5mg Qty 90 is not medically necessary or appropriate.