

<b>Case Number:</b>	CM15-0219729		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 an industrial injury date of 03-12-2009. Medical record review indicates she is being treated for right knee osteoarthritis. The injured worker presented on 10-22-2015 for follow up examination of her right knee. She states she continued with progressive pain since the last office visit. She rated the pain as 10 out of 10. Prior treatments included physical therapy, medications and TENS unit. In the 07-29-2015 treatment note the treating physician documented the injured worker had failed conservative treatment. Objective findings (10-22-2015) noted she was ambulating with a cane and wearing a knee brace. The treating physician indicated the injured worker had developed left knee pain due to overcompensating. The treating physician documented x-rays of the right knee and tibia showed no increase of osteoarthrosis. On 11-05-2015 the request for custom knee brace, IF unit rental per day and IF unit supplies was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom knee brace Qty: 1.00: Upheld**

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

**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), Knee Brace.

**Decision rationale:** The claimant sustained a work injury in March 2009 when she fell down a flight of stairs with injuries to the spine, bilateral upper extremities, and left knee. She underwent right shoulder surgery in September 2010 and an anterior lumbar fusion in July 2011. An MRI of the right knee in October 2014 included findings of a possible lateral meniscus tear. When seen, she was having progressive right knee pain rated at 10/10. Physical examination findings included ambulating with a cane and she was wearing a knee brace. An x-ray showed no increase in osteoarthritis. Authorization was requested for a custom knee brace and for up to a 60 day rental of in interferential stimulator. A prefabricated knee brace may be appropriate in a patient with knee instability, or after ligament reconstruction, articular defect or meniscal repair, tibial plateau fracture, or high tibial osteotomy, or in the setting of pain after a failed total knee arthroplasty, or when there is a diagnosis of avascular necrosis or painful unicompartamental osteoarthritis. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. A custom-fabricated knee brace may be appropriate for patients with conditions which may preclude the use of a prefabricated model. In this case, none of these conditions is supported by the information provided. An adjunctive rehabilitation program is not being planned and the claimant would not be expected to be required to stress the knee under loading forces. The requested brace is not medically necessary.

**IF unit rental per day Qty: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The claimant sustained a work injury in March 2009 when she fell down a flight of stairs with injuries to the spine, bilateral upper extremities, and left knee. She underwent right shoulder surgery in September 2010 and an anterior lumbar fusion in July 2011. An MRI of the right knee in October 2014 included findings of a possible lateral meniscus tear. When seen, she was having progressive right knee pain rated at 10/10. Physical examination findings included ambulating with a cane and she was wearing a knee brace. An x-ray showed no increase in osteoarthritis. Authorization was requested for a custom knee brace and for up to a 60 day rental of in interferential stimulation. A one-month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one-month trial. If there were benefit, then purchase of a unit would be considered. Rental of a unit for more than one month is not cost effective and not necessary to determine its efficacy. The request is not medically necessary.

**IF unit supplies Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The claimant sustained a work injury in March 2009 when she fell down a flight of stairs with injuries to the spine, bilateral upper extremities, and left knee. She underwent right shoulder surgery in September 2010 and an anterior lumbar fusion in July 2011. An MRI of the right knee in October 2014 included findings of a possible lateral meniscus tear. When seen, she was having progressive right knee pain rated at 10/10. Physical examination findings included ambulating with a cane and she was wearing a knee brace. An x-ray showed no increase in osteoarthritis. Authorization was requested for a custom knee brace and for up to a 60 day rental of in interferential stimulator. A one-month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one-month trial. If there were benefit, then purchase of a unit would be considered. Rental of a unit for more than one month is not cost effective and not necessary to determine its efficacy. The request for rental of the unit and therefore for the supplies is not medically necessary.