

Case Number:	CM15-0221566		
Date Assigned:	11/17/2015	Date of Injury:	05/26/2015
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/11/2015

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 53-year-old female, who sustained an industrial injury on 5-26-15. The injured worker is diagnosed with left knee pre-patellar bursitis. Her work status is temporary partially disabled. Notes dated 8-28-15, 9-8-15 and 10-8-15 reveals the injured worker presented with complaints of severe (at times) bilateral knee pain described as sharp, aching and burning; tenderness in her thighs and knees, bilaterally and left knee locking and giving way. There is occasional popping in her knees (right greater than left), lower extremity weakness and occasional pain and numbness that radiates from mid-thigh to her left foot. She also reports left hip pain that radiates down her left leg. Her pain is rated at 3-7 out of 10. She reports she can sit and walk for 30 minutes and stand for 15 minutes due to the pain. The pain interferes with her ability to provide self-care and grooming, donning clothes, shoes and socks, toileting, preparing meals, climbing stairs, getting in and out of bed, light housework, outdoor work, carrying groceries and shopping and lifting greater than 10 pounds. Physical examinations dated 8-28-15, 9-8-15 and 10-8-15 revealed a mildly altered gait, decreased sensation in the left L4-S1 dermatomes, decreased left lower extremity motor strength. The left knee is tender to palpation, and the McMurray's test is painful. The left knee range of motion is decreased and painful and patellofemoral crepitus is noted. Treatment to date has included physical therapy, which did not provide relief and medications provide 20% relief from pain, per note dated 10-8-15 and home exercise program. Diagnostic studies include bilateral knee x-rays and left knee MRI revealed moderate pre-patellar bursitis, per physician note dated 10-8-15. A request for authorization dated 10-8-15 for left knee brace is non-certified, per Utilization Review letter dated 11-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace: 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 May 2015 when, while working as a machine operator, she was carrying a box and slipped on a pallet and fell, landing on her left knee and developed stiffness and pain. An MRI of the knee in July 2015 showed findings of prepatellar bursitis. Treatments have included medications and physical therapy. When seen, an orthopedic evaluation had been done and a cortisone injection had been recommended. She had bilateral knee pain and left lower extremity weakness. Her pain had worsened. Physical examination findings included a mildly antalgic gait. There was decreased left lower extremity strength and sensation. There was decreased and painful knee range of motion with crepitus. McMurray testing was positive. A knee brace is being requested. 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 unicompartmental 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, the claimant does not have any of these conditions. The claimant would not be expected to be required to stress the knee under loading forces. The prepatellar bursa is located superficially, and use of compression and ice would be expected to be effective treatments. The requested brace is not considered medically necessary.