

Case Number:	CM15-0034163		
Date Assigned:	02/27/2015	Date of Injury:	12/27/2006
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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:

The injured worker is a 34-year-old female with an industrial injury dated 12/27/2006. Review of records indicates the injured worker had left hip pain. On 10/15/2014, she presented status post arthroscopic femoroplasty, acetabuloplasty, labral repair and synovectomy done on 08/21/2014. She notes a 50 % reduction in pain. Physical exam showed moderate labral stress test, positive pain on hip flexion with internal rotation and tenderness to palpation at the trochanteric bursa region. On 02/04/2014, she presented for follow up. The injured worker had a recent emergency room visit with bilateral hand and bilateral leg pain. She was treated with an injection of dilaudid. The provider documented right shoulder showed positive impingement signs. Prior treatments included physical therapy, surgery and therapeutic medial branch blocks to the lumbar facets at bilateral lumbar 3-4 levels. Diagnostics include x-ray of the pelvis and left hip on 06/18/2014 showing mild osseous proliferation at the superolateral left acetabulum suggestive of chronic labral degeneration. Full report is in submitted records. Diagnosis: Bilateral lumbar myalgia. Bilateral lumbar myospasm. Bilateral lumbar radiculitis/neuritis. Bilateral sprain/strain, lumbar. On 02/05/2015, the retrospective request for durable medical equipment - KO, adjustable knee joints, positional ortho dispensed on 12/15/2014 for the left was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) L1832 KO, Adjustable Knee joints, positional Ortho, dispensed 12/15/2014 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 301, 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Low Back- Lumbar Supports; Knee and Leg- Knee Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter, valgus knee bracing.

Decision rationale: This patient presents with left hip/groin pain, left knee pain, and lower back pain. The treater has asked for DURABLE MEDICAL EQUIPMENT - DME L1832KO ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHO, DISPENSED 12/15/14 FOR THE LEFT KNEE on 12/15/14. In the requesting 12/15/14 progress report, the treater states in the treatment recommendations: "likely left knee symptoms after hip." The 10/15/14 report states: "increased distance between the knee and the bed with hip flexion, abduction, and external rotation with reproduction of symptoms." The patient's diagnosis per Request for Authorization form dated 12/18/14 are; lumbar disc protrusion, lumbar degenerative disc disease, lumbar neuritis/radiculitis, lumbar myospasm. The patient is s/p left knee arthroscopic surgery from 2010 per review of reports. The patient also had a left hip arthroscopic femoroplasty, acetabuloplasty, labral repair and synovectomy from 8/21/14, which gave 50% pain reduction per 10/15/14 report. The utilization review letter states that patient had prior knee and shoulder surgery but does not specify the type or the date. The patient has not had prior use of knee bracing. The patient's work status is "not able to perform usual work" per 12/15/14 report. ACOEM page 340 states, "a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." ODG Knee chapter under valgus knee braces states: "Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. 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." In this case, the patient has persistent left knee pain and left hip pain, and the treater states that the knee symptoms have become more severe after left hip surgery. However, there is no documentation of patellar instability, ligament insufficiency, reconstructed ACL, articular defect repair, meniscal cartilage repair, knee replacement or that the patient will be stressing the knee under load. While the patient has had prior surgery, the treater does not elucidate what type of surgery and why the patient requires a knee bracing at this junction other than for increased pain. The request IS NOT medically necessary.