

Case Number:	CM15-0041087		
Date Assigned:	03/11/2015	Date of Injury:	05/03/2008
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/04/2015

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 55-year-old female, who sustained an industrial injury on 05/03/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left knee arthritis and likely meniscus tear. Treatment to date has included pool exercises, multiple Hyalgan injections to the left knee, and acupuncture. In a progress note dated 02/16/2015 the treating provider reports complaints of daily pain that is rated a ten out of ten with tenderness to palpation to the pes bursa of the knee. The treating physician requested magnetic resonance imaging of the left knee to evaluate a meniscus tear, acupuncture per the injured worker's request and prior acupuncture therapy, and left knee Ossur OA unloader 1 brace (medial unloader) but the documentation provided did not indicate the reason for this requested product.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Ossur OA unloader1 brace (medial unloader): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official disability guidelines chapter Knee & Leg –Acute & Chronic- chapter under Knee Brace.

Decision rationale: The patient presents with left knee pain rated 10/10. The patient's date of injury is 05/03/08. Patient is status post multiple Hylan injections to the left knee, exact dates unspecified. The request is for Left Knee Ossur Oa Unloader 1 Brace -Medial Unloader. The RFA is dated 02/15/15. Physical examination dated 02/15/15 reveals tenderness to palpation of the Pes Bursa in the left knee and decreased range of motion on extension. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not working. ODG guidelines, chapter Knee & Leg Acute & Chronic chapter under Knee Brace, provides following criteria for the use of knee brace "re-fabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture". While ODG does not specifically address the use of this proprietary brand of knee brace, the request appears reasonable. The documentation provided does not mention any knee braces or other DME being issued to date. UR peer to peer discussion dated 11/25/14 indicates that this patient's knee MRI included a specific diagnosis of left knee osteoarthritis, though the report was not provided for review. Given this patient's consistent intractable knee pain secondary to osteoarthritis of the joint, a brace could provide some pain relief and functional improvement. Therefore, the request IS medically necessary.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg chapter, Magnetic resonance imaging.

Decision rationale: The patient presents with left knee pain rated 10/10. The patient's date of injury is 05/03/08. Patient is status post multiple Hylan injections to the left knee, exact dates unspecified. The request is for MRI of the Left Knee. The RFA is dated 02/15/15. Physical examination dated 02/15/15 reveals tenderness to palpation of the Pes Bursa in the left knee and decreased range of motion on extension. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not working. ODG Guidelines, Knee and Leg chapter, Magnetic resonance imaging states: "Indications for imaging MRI: Acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic. If additional imaging is necessary, and if internal derangement

is suspected.- Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic. Non-traumatic knee pain, adult non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement."In regard to the request for MRI imaging to be performed on the left knee, the patient has already undergone an MRI and does not present with re-injury to the joint. Progress note dated 02/15/15 indicates that this patient underwent MRI imaging of the knee 18 months ago, prior to Hylan injections and is requesting another round of imaging to rule out meniscal tear. The previous MRI report was not provided. However, there is no discussion of acute re-injury or red flag physical findings which would support additional imaging, just the persistence of intractable pain to the joint and tenderness to palpation. ODG does not support repeat imaging unless it is to evaluate surgical outcome or in cases of re-injury to the joint. Therefore, the request IS NOT medically necessary.

Continue Acupuncture sessions 2 times a week for 6 weeks (left knee): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with left knee pain rated 10/10. The patient's date of injury is 05/03/08. Patient is status post multiple Hylan injections to the left knee, exact dates unspecified. The request is for Continue Acupuncture Sessions 2 Times a week for 6 Weeks. The RFA is dated 02/15/15. Physical examination dated 02/15/15 reveals tenderness to palpation of the Pes Bursa in the left knee and decreased range of motion on extension. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not working. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20e a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. In regard to the request for 12 acupuncture treatments for the management of this patient's chronic knee pain, the treater has exceeded guideline recommendations. Progress notes indicate that this patient has had at least 6 acupuncture treatments directed at her knee complaint to date with documented improvements. In cases where the patient gains improvement following acupuncture, MTUS guidelines indicate that 1 to 2 additional sessions per month thereafter are appropriate. In this case, the treater is requesting 12 treatments over six weeks, exceeding guideline recommendations. Therefore, this request IS NOT medically necessary.