

Case Number:	CM15-0058539		
Date Assigned:	04/03/2015	Date of Injury:	09/06/2013
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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, 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 58 year old female, who sustained an industrial injury on 9/6/13. She initially complained of cumulative low back, bilateral legs and right knee and ankle, headaches, sleep disturbance, weight gain, neurological, internal and psychological issues. The injured worker was diagnosed as having right knee internal derangement; right knee osteoarthritis; right ankle sprain/strain; lumbar discopathy, radiculopathy and stenosis. Treatment to date has included right knee arthroscopic meniscal repair (11/2013)); right ankle x-ray (1/14/14); x-ray lumbar spine (flexion/extension) (1/14/14); x-ray right knee (1/14/14); Functional Capacity Evaluation (9/30/14); MRI right knee (3/24/15). The Qualified Medical Evaluation (QME) dated 9/30/14, the injured worker complained of constant severe right knee pain. The injured worker had surgery to correct the Baker's cyst without benefit. The injured worker also complains of severe right ankle pain. There has been no treatment for the right ankle. The provider recommends an MRI of the right ankle, physical therapy, right ankle lace-up brace for support and functional capacity evaluation. The functional knee support and ankle support were denied at Utilization Review. There is a PR-2 dated after the fact(3/10/15) and also a copy of a MRI right knee that was completed on 3/24/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional knee support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure.

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

Decision rationale: Regarding the request for a knee support, Occupational Medicine Practice Guidelines state that 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. Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated, another form of knee instability, or any indication that the patient will be stressing the knee under load. In the absence of such documentation, the currently requested knee support is not medically necessary.

Ankle support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot and Ankle Chapter, Bracing (immobilization).

Decision rationale: Regarding the request for ankle support, CA MTUS and ACOEM recommend, for acute injuries, immobilization and weight bearing as tolerated; taping or bracing later to avoid exacerbation or for prevention. ODG notes that bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. Within the documentation available for review, there is no indication of ankle instability or another clear rationale for which ankle bracing would be supported. In light of the above issues, the currently requested ankle support is not medically necessary.