

Case Number:	CM13-0003849		
Date Assigned:	07/07/2014	Date of Injury:	05/25/2004
Decision Date:	09/24/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female patient who reported an industrial injury on 5/25/2004, over ten (10) years ago, attributed to the performance of her customary job tasks. The patient complained of lower back, bilateral knee, and right hip pain made worse with walking or prolonged sitting. The patient reported that she was not improving. The patient has been treated with a corticosteroid injection to the left knee and with medications. The patient was previously dispensed a knee brace for the left knee. There was no documented out come for PT. The patient was prescribed Supartz injections x3 and a left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE KNEE BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter--knee brace.

Decision rationale: The provider has not demonstrated the medical necessity of a second knee brace to the left knee with no documented objective findings consistent with knee instability. The

orthopedic examination documented no objective finding on examination and documented no instability to the knee. The patient is noted to have no instability on examination. There is no demonstrated instability to the knee that would require bracing with the diagnosis of DJD and OA. There is no demonstrated medical necessity for the prescribed knee brace and no supporting objective evidence documented by the requesting physician to demonstrate medical necessity or to override the recommendations of evidence-based guidelines. The clinical documentation provided does not provide a rationale to support the medical necessity of the prescribed knee brace for the effects of the industrial injury. The prescribed knee brace for subjective pain complaints is not demonstrated to be medically necessary when there is no swelling or demonstrated instability with almost full range of motion. The criteria recommended by the CA MTUS are not documented in the medical record to support the medical necessity of the requested replacement knee brace. The objective findings documented do not meet the criteria established or recommended by the CA MTUS. The objective findings documented were not documented and were inconsistent with instability as no laxity was demonstrated. There is no demonstrated medical necessity for a second knee brace for the effects of the industrial injury.

PROSPECTIVE REQUEST FOR #3 SUPARTZ INJECTIONS TO THE LEFT KNEE:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEE & LEG (ACUTE & CHRONIC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 240; 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter--Hyaluronic acid injections.

Decision rationale: The patient is diagnosed with osteoarthritis of the left knee and is being recommended Supartz injections x3 for continued knee pain directed to the diagnosis of unspecified osteoarthritis. The patient is not noted to have been recommended to have a TKA. There is no medical necessity for the provision of Supartz injections x3 to the left knee for an unspecified level of OA to the knee. There is no provided x-ray evidence of any compartment collapse. The provider did not document objective evidence to support the medical necessity of viscosupplementation for the treatment of the left knee in relation to the criteria recommended by the California MTUS. The Official Disability Guidelines recommend viscosupplementation as indicated for patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications); are not candidates for total knee replacement or who have failed previous knee surgery for their arthritis, such as, arthroscopic debridement; or younger patients wanting to delay total knee replacement.