

Case Number:	CM14-0124591		
Date Assigned:	08/27/2014	Date of Injury:	03/03/2005
Decision Date:	10/14/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 63 year old female whose date of injury is 03/03/05 when she was moving/lifting a box of flyers from the back seat to the trunk and twisted her low back and right knee, and also banged her left knee against the vehicle. She has been treated conservatively with functional orthotic; medications; chiropractic care; acupuncture; knee braces; hyalgan injections to bilateral knees; cortisone injections to spine and bilateral knees. The records reflect that the injured worker underwent Hyalgan injections to the left knee on 06/11/14, 06/18/14, 06/25/14, and 06/30/14. Progress note dated 06/30/14 reports the injured worker improved significantly with her standing and walking tolerance with the use of intraarticular injections of Hyalgan by 35% due to decreased swelling. Knee braces were recommended to help stabilize the knees, improve her standing and walking tolerance where she can negotiate stairs more effectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral hard medial unloader knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Unloader braces for the knee

Decision rationale: ODG provides that unloader braces may be recommended. Unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. It appears that MRI of the bilateral knees was approved on 07/16/14, but no imaging studies such as radiographs or MRI scans of the bilateral knees were submitted for review with objective findings of significant osteoarthritis of the medial compartment of either knee. On examination there was moderate laxity to valgus stress of the right knee and mild laxity of valgus stress of the left knee. The records indicate that the injured worker has had knee braces, but there is no documentation as to the type of braces used or the effectiveness of bracing for the injured worker. Based on the clinical information provided, the request for bilateral hard medial unloader knee brace is not recommended as medically necessary.

Intra-articular joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections

Decision rationale: ACOEM guidelines provide that corticosteroid injections are recommended for short-term use only, as intra-articular corticosteroid injections result in clinically and statistically significant reduction in osteoarthritic knee pain one week after injection and the beneficial effect could last up to 3-4 weeks but unlikely to continue beyond that. ODG guidelines provide that repeat series of hyalgan injections may be reasonable if there is documented significant improvement in symptoms for 6 months or more and symptoms recur. On previous review it was determined that additional information was necessary in order to render a decision, and it was requested that the treating provider specify type of injection being requested and the exact joint to be treated. No additional clinical data was provided. As such, medical necessity has not been established for Intra-articular joint injection.