

Case Number:	CM14-0216058		
Date Assigned:	01/06/2015	Date of Injury:	06/10/2013
Decision Date:	03/06/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Arizona, California

Certification(s)/Specialty: Family Practice

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 62 year old male sustained a work related injury on 6/10/2013. The mechanism of injury was reported to be injury from pressure on the right knee, causing it to pop and snap. The current diagnoses are chronic right knee pain, sprain/strain, meniscal tear, internal derangement, numbness to right lateral lower leg, and status post right knee arthroscopy (February 2014). According to the progress report dated 11/18/2014, the injured workers chief complaints were right knee pain, greater in the lateral aspect than the medial aspect. He rates his pain 6/10 on a subjective pain scale, but a 3 at its best and 10 at its worst. He describes the pain as sharp, cutting, throbbing, dull, aching, shooting, and electric-like with a pins-and-needles sensation and abnormal swelling. The pain is aggravated by walking, prolonged standing, and kneeling, crawling, lifting, and carrying items. The pain is relieved with resting, lying down, medications, bracing, and applying ice over the affected area. The physical examination of the right knee revealed tenderness to palpation over the medial and lateral joint lines. There was effusion and crepitus noted. Right knee range of motion reveals flexion at 90/150 degrees and extension at 15/0 degrees. There is pain elicited in the lateral aspect of the knee with varus passive knee manipulation. McMurray's test and Anterior Drawer sigh were positive. Gait is antalgic, with trendelenburg gait to the right. He cannot perform single leg stance on the right. He has an externally rotated right lower leg in stance phase. Current medications are Norco, Naprosyn, Carvedilol, and Lisinopril. The injured worker was previously treated with medications, physical therapy, steroid injection, and surgery. On this date, the treating physician prescribed single point cane and right knee unloader brace, which is now under review. In addition to the cane and

brace, the treatment plan included MRI arthrogram of the right knee, urine toxicology screen, viscosupplementation, EMG/NCS right lower extremity, and a one-time consultation with pain psychologist. When the single point cane and right knee unloader brace was prescribed work status was modified; however, the injured worker is currently not working. On 12/18/2014, Utilization Review had non-certified a prescription for single point cane and right knee unloader brace. The cane and brace were non-certified based on documentation that the injured worker was already utilizing a cane and unloader brace. The California MTUS ACOEM Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Single Point Cane: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition Chapter: Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee pain and walking aids and pg 70.

Decision rationale: According to the guidelines, canes are efficacious for those with knee arthritis. Using a cane in the hand contralateral to the symptomatic knee might shift the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction force, in a similar way as that achieved with the lateral trunk lean strategy described above. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. In this case, the claimant has symptoms causing significant gait difficulty similar to those with arthritis. In addition, in those with meniscal injuries, arthritis accelerates. As a result the cane is medically necessary.

1 Right Knee Unloader Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition Chapter: Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee pain and brace and pg 37.

Decision rationale: According to the guidelines, there is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone. While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. In this case, the claimant has symptoms causing significant gait difficulty similar to those

with arthritis. In addition, in those with meniscal injuries, arthritis accelerates. As a result the brace is not medically necessary.