

Case Number:	CM14-0218666		
Date Assigned:	01/08/2015	Date of Injury:	09/08/2013
Decision Date:	03/06/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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: Texas, 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:

The injured worker (IW) is a 54 year old female. The IW sustained a work related injury on 9/8/2013, when she slipped and fell and sustained injuries to the bilateral knees and lumbar spine. Treatment included a back brace, right knee brace, physical therapy and acupuncture. On 8/14/2014, the injured worker underwent a right knee arthroscopy with partial medial meniscectomy with partial synovectomy. Diagnoses include tear of medial meniscus of right knee, joint pain, lumbar sprain, lumbar degenerative disc disease, lumbosacral neuritis and spondylosis and lumbar disc displacement. The PR2 from 12/3/2014 included a treatment plan for home exercises, physical therapy, acupuncture, Menthoderm ointment, right knee brace, pain management consultation, pool therapy and a magnetic resonance imaging of the right shoulder and right knee. Work status was temporary total disability. On 12/17/2014, the Utilization Review (UR) certified the outpatient pool therapy 2-3 times per week for 6 weeks, pain management consultation and Menthoderm ointment. Per the doctor's note dated 12/17/14 patient had complaints of constant right knee pain at 7/10 and she was unable to ambulate for more than 10 min and had difficulty in ADL. Physical examination of the right knee revealed antalgic gait, 0-95 AROM, 4/5 strength and tenderness on palpation and positive L/S quadrant test. She had used knee brace for this injury .The patient has used a TENS unit. The medication list include Norco and ibuprofen. The patient has had MRI and X-rays of the right knee that revealed meniscus tear and lumbar MRI revealed degenerative changes, disc bulging and foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Right Knee Neorene Brace/Sleeve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Page 340. Decision based on Non-MTUS Citation Knee & Leg (updated 02/27/15) Knee brace

Decision rationale: Request: Purchase of Right Knee Neorene Brace/Sleeve Per the ACOEM guidelines cited below "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. For the average patient, using a brace is usually unnecessary "In addition per the ODG Guidelines knee brace is recommended for, "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, and 10. Tibial plateau fracture."Any evidence of recent surgery of the right knee was not specified in the records provided. She has had the right knee surgery about 6 months ago. The recent radiology reports of imaging studies of the knees are not specified in the records provided. The presence of any of these indications in this patient was not specified in the records provided Patient has received an unspecified number of PT visits for this injury. Detailed response to this conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Purchase of Right Knee Neorene Brace/Sleeve is not fully established for this patient.

Right Knee Range of Motion Measurement: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back (updated 01/30/15) Computerized range of motion (ROM) See Flexibility. Flexibility

Decision rationale: Request: Right Knee Range of Motion Measurement ACOEM and CA MTUS do not specifically address this request. Therefore ODG used. Per the ODG guidelines cited below "Not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent."Range of motion testing and muscle testing is not recommended by the cited guidelines and the relation between range of motion measures and

functional ability is weak. Patient has received an unspecified number of PT visits for this injury. Response to these conservative therapies was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The medical necessity of the request for Right Knee Range of Motion Measurement is not fully established in this patient.