

Case Number:	CM15-0119090		
Date Assigned:	06/29/2015	Date of Injury:	09/28/2011
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

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 42 year old female, who sustained an industrial injury on 9/28/2011. She reported pain to her low back and bilateral knees. Diagnoses have included disorder of ankle, tear of meniscus of knee, lumbar spondylosis, lumbosacral radiculitis and chronic pain. Treatment to date has included physical therapy, Synvisc injections, and medication. According to the progress report dated 5/6/2015, the injured worker complained of a new, catching sensation in her knee. She complained of bilateral low back pain radiating to both lateral thighs. She reported improved walking and standing tolerance since having Synvisc injections. Lumbar exam revealed tenderness over the paraspinal muscles overlying the facet joints on both sides. Trigger points and muscle spasm were noted over the lower paraspinal. There was positive McMurray's sign on the left knee. Authorization was requested for a left knee off-loading brace and lumbar radiofrequency ablation bilateral L3-4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee offloading brace Qty: 1.00: 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 (ODG), 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 & Leg (Acute & Chronic) Unloader braces for the knee.

Decision rationale: The claimant sustained a work injury September 2011 and continued to be treated for chronic back and bilateral knee pain. She underwent bilateral diagnostic lumbar medial branch blocks on 03/17/15 with a reported 75% improvement. When seen on 03/30/15th a total knee replacement had been recommended. The claimant wanted to defer undergoing surgery. A series of Synvisc injections was requested. In follow-up on 05/06/15 there had been improvement after the Synvisc injections. She was now having a new catching sensation consistent with a possible meniscal tear. There was lumbar spine tenderness with trigger points and pain with range of motion which was limited. McMurray's testing was positive. There was decreased left ankle and foot strength. An unloader brace for the knee is 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 and shifting these to the lateral compartment. It is recommended as a treatment option. In this case, the claimant has progressive knee osteoarthritis but there is no reported imaging that supports relative medial compartment degenerative joint disease and medial compartment degenerative joint disease is not referenced when requested. The brace was not medically necessary.

Lumbar RFA Bilateral L3-4-5 Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury September 2011 and continued to be treated for chronic back and bilateral knee pain. She underwent bilateral diagnostic lumbar medial branch blocks on 03/17/15 with a reported 75% improvement. When seen on 03/30/15th a total knee replacement had been recommended. The claimant wanted to defer undergoing surgery. A series of Synvisc injections was requested. In follow-up on 05/06/15 there had been improvement after the Synvisc injections. She was now having a new catching sensation consistent with a possible meniscal tear. There was lumbar spine tenderness with trigger points and pain with range of motion which was limited. McMurray's testing was positive. There was decreased left ankle and foot strength. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using medial branch blocks, that no more than two joint levels are performed at one time, and that there is evidence of a formal plan of additional

evidence-based conservative care in addition to facet joint therapy. In this case, the claimant has failed to benefit from prior conservative treatments. A diagnosis of facet joint pain is supported by his response to diagnostic medial branch blocks. A continued home exercise program and medication management would be expected after the procedure. The requested medial branch radiofrequency nerve ablation meets the applicable criteria and is medically necessary.