

Case Number:	CM15-0148620		
Date Assigned:	08/11/2015	Date of Injury:	12/04/2012
Decision Date:	12/21/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 53 year old female, who sustained an industrial injury on 12-4-2012. The medical records indicate that the injured worker is undergoing treatment for right knee injury which includes meniscal tear post-surgical intervention (2014) with meniscal repair with symptoms of laxity, recurrent buckling, and repeated falls. According to the progress report dated 6-24-2015, the injured worker presented with complaints of right knee pain. The pain is described as aching, shooting, tender, throbbing, pinching, and weakness. On a subjective pain scale, she rates her pain 8 out of 10. The treating physician states that she "has recurrent falls due to instability of both knees". The physical examination reveals laxity in the bilateral knees. The current medications are Sertraline, Percocet, Motrin, Flexeril, and Depakote. Previous diagnostic studies were not indicated. Treatments to date include medication management and surgical intervention. Work status is described as "100% disabled". The treatment plan included Percocet, urgent orthopedic surgeon for recurrent falls and injuries, updated MRI of knee, x-rays of right foot (fell and broke her foot), and fitted knee braces. The original utilization review (7-6-2015) had non-certified a request for x-ray of the right foot and fitted knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right foot as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Summary.

Decision rationale: This 53 year old female has complained of right knee pain and foot pain since date of injury 12/4/2012. She has been treated with surgery, physical therapy and medications. The current request is for an X-ray of the right foot. Per the MTUS guidelines cited above, routine plain films of the foot and ankle are not recommended in the evaluation of foot pain. On the basis of the available medical records and per the MTUS guidelines cited above, plain films of the right foot are not indicated as medically necessary.

Fitted Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

Decision rationale: This 53 year old female has complained of right knee pain and foot pain since date of injury 12/4/2012. She has been treated with surgery, physical therapy and medications. The current request is for a right knee brace. Per the MTUS guidelines cited above, a knee brace is not a recommended treatment modality for knee pain. The MTUS guidelines state that a brace may be used for the following diagnoses although the benefits have not been proven: patellar instability, anterior cruciate ligament tear and medial collateral ligament instability. There is no documentation in the available medical records to support that the patient has any of these stated conditions. On the basis of the available medical records and per the MTUS guidelines cited above, a knee brace is not indicated as medically necessary.