

Case Number:	CM15-0092305		
Date Assigned:	05/18/2015	Date of Injury:	01/21/2014
Decision Date:	06/30/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 with an industrial injury dated 01/21/2014. She relates as she was walking around the school yard she hit her knee against the corner of a metal bench at full force. Her diagnoses included moderate to severe degenerative changes of the medial femoral tibial joint space with associated degenerative changes of the central medial meniscus and status post partial medial and lateral meniscectomy. Prior treatment included initial x-ray of her right knee (normal findings), knee brace, medications and work restrictions. Other treatments have include 12 visits of physical therapy (somewhat helpful), MRI (abnormal findings), surgery (06/26/2014), 12 visits of post-operative therapy (not helpful). She presents on 03/03/2015 with complaints of moderate pain in her right knee rated as 7/10 on a scale of 1 to 10. Associated symptoms included constant pain radiating proximally to her lower leg and foot associated with numbness, tingling, cramping, burning, "electrical shock", stiffness, locking, gives way, popping and weakness. She also had limited range of motion. Physical exam revealed tenderness to palpation over the medial tibiofemoral joint space. Right knee strength was slightly less (4/5) as the injured worker flexed and extended the knee against resistance as compared to the left knee. She walked with a mild antalgic gait and used a single point cane. In regards to activities of daily living the following was reported: difficulty with self-care activities, prolonged walking, standing and sitting; difficulties with taste, ability to feel and sense of touch and lifting. She also reported depression, stress, difficulty sleeping and personal relationship difficulties. She placed on work restrictions at the time of this visit. Her medications included Ibuprofen, Acetaminophen, Loratadine, Nasonex and Ventolin inhaler. Medical illness includes osteoarthritis, bronchitis and hay fever. Prior industrial injuries included right groin hernia

(1992) and right elbow and right shoulder injury (2006). Treatment plan and request (dated 04/14/2015) was for corticosteroid injection right knee under ultrasound guidance (per 04/04/2015 order), follow up visit with an orthopedic surgeon - right knee, knee hinged custom fitted unloader brace of the right knee and re-evaluation by an orthopedic surgeon of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee hinged custom-fitted unloader brace of the right knee: 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), knee and leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee brace. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Knee brace is "Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 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 unicompartamental osteoarthritis 10. Tibial plateau fracture Custom- fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock- kneed] limb b. Varus [bow-legged] limb c. Tibial varumd. Disproportionate thigh and calf (e.g., large thigh and small calf) e. Minimal muscle mass on which to suspend a brace 2. Skin changes, such as: a. Excessive redundant soft skin b. Thin skin with risk of breakdown (e.g., chronic steroid use) 3. Severe osteoarthritis (grade III or IV) 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain) 5. Severe instability as noted on physical examination of knee. There is no clear and recent documentation of knee instability or ligament damage avascular necrosis or any other indication for knee brace. Therefore, the request for Knee hinged custom-fitted unloader brace of the right knee is not medically necessary.

Corticosteroid injection right knee under ultrasound guidance per 4/14/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346.

Decision rationale: According to MTUS guidelines, and knee steroid injection is an option for severe osteoarthritis. However, there is no strong evidence supporting its efficacy. In this case, there is no documentation of failure of conservative therapy. There is no documentation of severe osteoarthritis pain (Normal KNEE x RAY). Therefore, the request for Corticosteroid injection right knee under ultrasound guidance per 4/14/15 order is not medically necessary.