

<b>Case Number:</b>	CM15-0095079		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	04/25/2002
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old male, who sustained an industrial injury on 4/25/02. He reported bilateral knee pain. The injured worker was diagnosed as having pain in right knee joint and pain in wrist joint. Treatment to date has included oral medications including opioids, surgery and cortisone injections. (MRI) magnetic resonance imaging of right knee was performed on 5/22/08 and (MRI) magnetic resonance imaging arthrogram was performed on 2/20/09. Currently, the injured worker complains of bilateral knee aching and pain. He describes the pain as aching, burning, sharp, shooting, tender, and throbbing, weakness and locking rated 10/10. He notes continued benefits from medication. Urine drug screen is within normal limits for medications prescribed. Physical exam noted restriction of motion of right knee with subpatellar chondromalacia and severe lateral pain with deep palpation. The exam is unchanged from previous exams. Requests for authorization were submitted for knee brace, wrist brace and office visit evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Chapter Knee: Bracing, page 339-340.

**Decision rationale:** Guidelines states knee bracing is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this active knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/ deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful uni-compartmental osteoarthritis; or Tibial plateau fracture. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the "off the shelf" type. The medical necessity of an active brace may be an individual consideration in patients with abnormal limb contour, knee deformity, or large size, all of which would preclude the use of the "off the shelf" model. There are no high quality studies or data in published peer-reviewed literature to show functional benefit or support the benefits of an active functional knee brace compared to the off-the-shelf type, in terms of activities of daily living. In addition, many of the active functional knee braces are designed specifically for participation in elective sports, not applicable in this case. Submitted reports have not adequately demonstrated the indication or clinical findings to support this active knee brace. The Right Knee Brace is not medically necessary and appropriate.

**Left Wrist Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11 Forearm-Wrist-Hand Complaints, Wrist Brace, page 265.

**Decision rationale:** Current diagnoses include wrist joint pain. Submitted reports have not adequately demonstrated specific neurological deficits or red-flag conditions without remarkable clinical findings for any wrists issues that would support the wrist brace. ACOEM Guidelines support splinting as first-line conservative treatment for CTS and DeQuervain's to limit motion of inflamed structures and ODG has indication for immobilization with bracing in the treatment of fractures; however, none have been demonstrated here to support for the wrist brace. The Left Wrist Brace is not medically necessary and appropriate.

**Office Visit (Evaluation for Supartz):** 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Hyaluronic Acid Injections, pages 311-313.

**Decision rationale:** There is no recent x-ray findings reported. MR Arthrogram showed meniscal degeneration with post-operative changes. Current symptoms and objective findings are noted in the anterior patella with chondromalacia. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Submitted reports have not demonstrated clear supportive findings for the injection request. As the Supartz injection is not indicated, the Office Visit (Evaluation for Supartz) is not medically necessary and appropriate.