

Case Number:	CM13-0001248		
Date Assigned:	11/08/2013	Date of Injury:	03/15/2013
Decision Date:	11/19/2014	UR Denial Date:	06/27/2013
Priority:	Standard	Application Received:	07/12/2013

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. The expert reviewer is Board Certified in Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Individual is a 61 year old male with a 3/15/13 date of industrial injury involving his knees . He was diagnosed with a bilateral knee sprain and degenerative changes post x-ray. Individual had an menisectomy done arthroscopically to his left knee 13 years ago, with a good result, right knee meniscal tear surgery in 2011, as well. MRI 3/20/13 showed degeneration and a meniscus tear, chondral erosion and medial lateral ligament scarring. On exam 3/25/13 individual complained of pain and swelling of the knee (subjective). Marked tenderness over the medial knee, valgus strain, decrease range of motion and a positive click were noted on exam (objective). He also has antalgic gait and walks with a cane. He was prescribed Motrin 800mg for pain. Arthroscopy done 5/6/13 with subsequent physical therapy (which was not helpful). Individual noted to still be experiencing pain and swelling one month past procedure. His doctor ordered custom knee orthotics because of his height (5'10) and weight (245) and to try and relieve stress on the medial compartments. He is requesting custom bilateral knee orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL CUSTOM KNEE ORTHOSIS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp 18th edition, 2013 Updates; Knee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation ODG) Knee, Criteria for the use of knee braces

Decision rationale: ACOEM states " A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. In all cases, braces need to be properly fitted and combined with a rehabilitation program." ODG states that custom-fabricated knee braces may be appropriate for patients with the following conditions: abnormal limb contour, such as Valgus (knock-kneed) limb, Varus (bow-legged) limb, Tibial varum. Disproportionate thigh and calf (e.g., large thigh and small calf), and minimal muscle mass on which to suspend a brace. Also, appropriate with skin changes, such as: excessive redundant soft skin or thin skin with risk of breakdown (chronic steroid use); severe osteoarthritis (grade III or IV); maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain); and severe instability of knee as noted on exam. Individual underwent left knee surgery 5/6/13 and was still having edema, moderate pain, tightness, and tenderness to the medial and lateral joint lines. This was his third knee surgery; one on the right and two surgeries on the left. The medication and physical therapy regimens were not effective, per his records. His surgeon recommended the use of custom orthotics due to the individual's size. He weighs over 245 pounds. ODG does recommend a custom orthotic for maximal off-loading of painful or repaired knee compartment, in a patient who is overweight and still experiencing significant pain. The request is medically necessary and appropriate.