

Case Number:	CM13-0001425		
Date Assigned:	11/20/2013	Date of Injury:	09/09/2011
Decision Date:	01/24/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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:

The patient is a 41-year-old male who reported a work-related injury on 09/09/2011. The patient is status post right knee medial condylar full thickness cartilage defect arthroscopic treatment on 11/26/2012, and cadaveric allograft transplantation on 06/12/2013. The patient has undergone physical therapy and a psychiatric evaluation. His diagnoses include left shoulder strain, status post right knee surgery, compensatory left knee pain, L5-S1 spondylolisthesis with left lower extremity radiculopathy, left retro calcaneal bursitis, depression, and abdominal pain. A request was made for the purchase of cool, TROM advanced knee brace for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cool, TROM advance knee brace for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Official Disability Guidelines-Treatment in Workers' Comp. Integrated Treatment/Disability Duration Guidelines Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Knee Brace.

Decision rationale: Recent clinical documentation submitted for review stated the patient had improved pain to his right knee, and stated his pain was 6/10. He was working on range of motion and his current range of motion was 5 degrees to 120 degrees. He was neurovascularly intact distally and reported a diminished feeling in his left Achilles. A plan was noted for the patient to continue physical therapy and continue weight-bearing as tolerated. He was also instructed to continue range of motion exercises. Physical therapy notes submitted for review stated the patient's right lower extremity muscle testing was 5/5. The MTUS/ACOEM Guidelines indicate that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability and usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. In addition, the Official Disability Guidelines indicate that custom fabricated knee braces are appropriate for patients with abnormal limb contour, skin changes such as excessive redundant soft skin or thin skin with risk of breakdown, severe osteoarthritis, maximal offloading of painful or repair knee compartment or severe instability as noted on physical examination of knee. There was a lack of physical exam findings for the patient's knee in the submitted clinical documentation, to include severe instability. The patient was not noted to have severe osteoarthritis, skin changes, or abnormal limb contour. It was not stated that there was a need for maximal offloading of painful or repaired knee compartment. The Guidelines further state that braces need to be used in conjunction with a rehabilitation program, and are necessary only if the patient is going to be stressing the knee under load. There was a lack of documentation submitted to support the request of a cool, TROM advanced knee brace