

Case Number:	CM13-0009448		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2002
Decision Date:	03/06/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/09/2013

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 Family Practice and is licensed to practice in California. 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 53-year-old male who reported an injury on 07/17/2002. The mechanism of injury information was not provided in the medical record. The medical record reveals the patient's diagnoses include status post ALIF L5-S1 on 04/26/2004, with a history of prior surgeries in 1994 and 2000, with lumbar sprain and strain, and left lower extremity radiculopathy; bilateral knee sprain or strain, PFA, history of 3 scopes, bilateral; neck symptoms. In the most recent clinical note dated 07/03/2013, there was noted pain upon palpation of the paraspinal muscles with spasms noted. Slightly positive straight leg raise noted in the lower back. There was noted peripatellar tenderness to bilateral knees. There was positive patellofemoral crepitus noted. It was noted that the patient failed a trial of NSAIDs and acetaminophen. The patient was given an order for tramadol 50 mg 1 tablet every 6 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee unloader brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

Decision rationale: The California MTUS/ACOEM does not recommend the use of prophylactic braces. However, functional bracing is optional as part of a rehabilitation program. The Official Disability Guidelines (ODG) state unloader knee braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in a valgus position in order to unload the compressive forces on the medial compartment. As there is no documentation provided in the medical record of the patient having a diagnosis of osteoarthritis, or any documentation of there being any instabilities of the knees, the medical necessity for the use of bilateral knee medial unloader braces cannot be determined at this time and the request is non-certified.