

Case Number:	CM13-0022915		
Date Assigned:	10/11/2013	Date of Injury:	03/23/2007
Decision Date:	02/04/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/11/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 65-year-old male who reported an injury on 03/23/2007. The patient was noted to have stepped over a fence to get a closer look at a meter, and the patient was noted to possibly have twisted his right knee. The patient was noted to have a right knee partial medial meniscectomy and lateral meniscectomy along with a right knee patellofemoral compartment synovectomy, partial debridement of the Anterior Cruciate Ligament stump and a partial medial femoral condyle chondroplasty on 05/16/2007. The patient was noted to undergo physical therapy. The patient's diagnoses were noted to include chronic right Anterior Cruciate Ligament rupture, status post right knee partial medial and lateral meniscectomy, right knee medial compartment Degenerative Joint Disease and right knee instability. The request was made for a double upright osteoarthritis knee brace and components with date of service of 07/31/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

Double-Upright Osteoarthritis Knee Brace Purchase DOS 7/31/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation AAOS Guidelines for Osteoarthritis of the knee, and Official Disability Guidelines (ODG)(<http://www.odg-twc.com/odgtwc/knee.htm#kneebrace>).

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

Decision rationale: ACOEM Guidelines indicate that a brace may be used for patellar instability, an anterior cruciate ligament tear or medial collateral ligament instability if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. The patient was noted to have a right knee partial medial meniscectomy and lateral meniscectomy along with a right knee patellofemoral compartment synovectomy, partial debridement of the Anterior Cruciate Ligament stump and a partial medial femoral condyle chondroplasty on 05/16/2007. The patient was noted to undergo physical therapy. The clinical documentation submitted for review failed to indicate that the patient would be working. Additionally, it failed to provide a thorough objective physical examination to support the request. Given the above, the request for a double upright osteoarthritis knee brace purchase with a date of service of 07/31/2013 is not medically necessary

Components to Knee Brace Purchase DOS 7/31/13 is: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation AAOS Guidelines for Osteoarthritis of the knee, and Official Disability Guidelines (ODG)(<http://www.odg-twc.com/odgtwc/knee.htm#kneebrace>).

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

Decision rationale: ACOEM Guidelines indicate that a brace may be used for patellar instability, an anterior cruciate ligament tear or medial collateral ligament instability if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. The patient was noted to have a right knee partial medial meniscectomy and lateral meniscectomy along with a right knee patellofemoral compartment synovectomy, partial debridement of the Anterior Cruciate Ligament stump and a partial medial femoral condyle chondroplasty on 05/16/2007. The patient was noted to undergo physical therapy. The clinical documentation submitted for review failed to indicate that the patient would be working. Additionally, it failed to provide a thorough objective physical examination to support the request. Given the above, the request for components to knee brace purchase with a date of service of 07/31/2013 is not medically necessary.