

Case Number:	CM13-0023219		
Date Assigned:	11/15/2013	Date of Injury:	06/28/2007
Decision Date:	01/31/2014	UR Denial Date:	08/23/2013
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 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 49-year-old female who reported a work-related injury on 06/28/2007, specific mechanism of injury not stated. Subsequently, the patient is status post a left knee arthroscopic surgery as of 02/23/2010 and status post a lumbar 360 degree arthrodesis as of 03/28/2009 with insomnia and anxiety depressive illness with impairment of normal lifestyle. The clinical note dated 06/28/2013 reported that the patient was seen under the care of [REDACTED]. The provider documents that the patient complains of pain to the low back with radicular symptoms into the bilateral lower extremities and left knee pain aggravated with ambulation. The provider documented that the left knee exam revealed extension at -5 degrees and flexion at 120 degrees. McMurray's testing was positive, and chondromalacia patella test was positive. The provider documented that the patient's medication regimen included Norco 10/325 one tablet every 4 to 6 hours as needed, Ultram 150 mg 3 times a day and Prilosec 20 mg 1 by mouth daily. The provider recommended prescribing the patient a knee brace with straps for support due to the previous knee brace being ineffective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of knee brace with straps: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation ODG-TWC, Knee and Leg Chapter (Acute & Chronic), Criteria for the use of knee braces.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review documents that the patient continues to present with left knee pain complaints status post a work-related injury sustained in 2007 and subsequent surgical interventions performed about the knee consisting of arthroscopic surgery, partial medial and lateral meniscectomy, chondroplasty and lateral retinacular release as of 02/23/2010. The clinical notes failed to evidence that the patient presented with any instability about the knee. The California MTUS/ACOEM does not specifically address bracing in the chronic phase of treatment. The Official Disability Guidelines indicate specific criteria for the requested intervention to include knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy or painful unicompartmental osteoarthritis or tibial plateau fracture. The clinical documentation submitted for review reported that the patient previously was utilizing bracing about the knee that was ineffective. The provider is requesting a knee brace with straps for additional support. Given all of the above, the request for the purchase of a knee brace with straps is neither medically necessary nor appropriate.