MAXIMUS Federal Services

Case Number:	CM13-0028533		
Date Assigned:	02/26/2014	Date of Injury:	06/28/2013
Decision Date:	04/24/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/24/2013

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 Medicine, 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 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:

The patient is a 73 year old female who was injured on 06/28/2013 while scanning water at work. She noted a pop when she as bending over to scan and then had left knee pain. She is complaining of limping and pain over the medial aspect of the knee. Prior treatment history has included physical therapy. Diagnostic studies reviewed include MRI of the left knee without contrast performed on 09/21/2013 revealed: 1) Post-traumatic maceration of the posterior horn, medial meniscus with additional poorly defined tearing into an extruded medial meniscal body 2) Marked medial femorotibial joint osteoarthrosis with joint space narrowing which causes extrusion of the medial meniscal body. The adjacent medial collateral ligament is stripped from the tibia 3) Poor quality anterior cruciate ligament without discrete tearing Office note dated 09/13/2013 indicated the patient had left medial knee pain. The patient rates the pain as 6, best has been 3 and the worst at 6. The timing is described as varying daily. The quality is throbbing and aching; Severity is described as moderate; relief is experienced from resting, ice and NSAIDs. Office note dated 09/05/2013 indicated on physical exam, gait and station were abnormal; bilateral lower extremities were abnormal.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF ONE KNEE RODDIE BRACE TO LEFT KNEE: Overturned

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

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,KNEE BRACE

Decision rationale: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, knee braces are recommended for knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. According to the records review, the patient had left knee MRI that showed post-traumatic maceration of the posterior horn medial meniscus with additional poorly defined tearing into an extruded medial meniscal body, marked femorotibial joint osteoarthrosis with joint space narrowing that causes extrusion of the medial meniscal body. The adjacent medial collateral ligament is stripped from the tibia; poor quality ACL without discrete tearing. This patient has subjective complaints of left knee pain and joint swelling. On exam, there is limping, medial joint line tenderness, and positive valgus stress test. Also, ODG indicates braces need to be used in conjunction with a rehabilitation program, which according to the documentation dated 09/13/2013, the patient is doing. Therefore, Reddie knee brace for this patient with knee instability, ligamentous insufficiency, and medial compartment osteoarthritis is medically necessary. Reddie knee brace is certified.