

Case Number:	CM13-0029121		
Date Assigned:	11/01/2013	Date of Injury:	06/27/2011
Decision Date:	04/07/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/26/2013

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 06/27/2011. The mechanism of injury involved a fall. The patient is currently diagnosed with morbid obesity, knee joint contracture, genu varum, abnormality of gait, knee degenerative osteoarthritis, and knee joint replacement. The patient was seen by [REDACTED] on 11/27/2013. The patient reported improving left knee symptoms. Physical examination revealed tenderness to palpation, negative orthopedic testing, negative crepitus, 0 to 135 degree range of motion on the right, 0 to 95 degree range of motion on the left, and 5/5 motor strength. The treatment recommendations included continuation of home exercise program, medications, and mackie brace for left knee flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF CUSTOM MACKIE BRACE FOR THE LEFT KNEE POST-OP:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. In all cases, braces need to be properly fitted and combined with a rehabilitation program. As per the documentation submitted, the patient has continuously utilized a Mackie flexion brace. The patient's physical examination only revealed slightly diminished range of motion on the left. There was no documentation of significant instability. The patient is currently participating in postoperative physical therapy and a home exercise program. The medical necessity for the requested durable medical equipment purchase has not been established. Therefore, the request is non-certified.