

Case Number:	CM13-0030615		
Date Assigned:	11/27/2013	Date of Injury:	09/21/2011
Decision Date:	03/18/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of September 21, 2011. A utilization review dated September 19, 2013 recommends noncertification of "deluxe donut support for right knee for purchase." A progress report dated October 3, 2013 identifies subjective complaints including pain continuing in the right knee, awaiting physical therapy for taping. Objective findings include pain PFJ right knee. Diagnoses include cervical radiculopathy, rotator cuff syndrome, and internal derangement. Treatment plan recommends physical therapy for taping. An MRI dated August 14, 2013 of the right knee identifies a cystic ganglion in the inter-condyle or notch, suspected maltracking of the patella with cartilage thinning and irregularity of the patella and superolateral impingement. A progress report dated July 23, 2013 indicates "sunrise view with patellofemoral osteoarthritis." The treatment plan recommends a knee brace. A progress report dated November 28, 2012 recommends continuing home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deluxe Donut Support for the Right Knee for purchase L2999: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine Practice Guidelines, 2nd Edition, 2008, pages 1021-1022

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace and Occupational medicine practice guidelines knee chapter page 340

Decision rationale: Regarding the request for a knee support, Occupational Medicine Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, 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. Additionally, guidelines state that patellar taping and possibly patellar bracing relieve chronic knee pain according to a recent meta-analysis. Within the documentation available for review, there is identification that the requesting physician is concerned about patellar malalignment. Additionally, it does appear that a program of rehabilitation is being requested to be used concurrently with the bracing and taping. Unfortunately, there is no documentation indicating that the patient will be stressing the knee underload, as recommended by guidelines. In the absence of such documentation, the currently requested knee brace is not medically necessary.