

Case Number:	CM13-0031900		
Date Assigned:	12/04/2013	Date of Injury:	03/08/2011
Decision Date:	01/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgery, and is licensed to practice in California, Connecticut, and Pennsylvania. 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 37-year-old gentleman who sustained an injury to his knee on 03/08/11. Records available for review indicate an orthopedic assessment on 09/11/13 appealing prior peer review. [REDACTED] indicated that he recommended a refurbished brace kit for the claimant stating as bracing was still required following his knee procedure for medial joint unloading. His brace is noted to be "beaten up" and referral to an orthotist for replacing of straps, lining, and to check out the articulation to make sure that is functioning properly was recommended. Further clinical documentation is unavailable. A 07/23/13 assessment with [REDACTED] indicated the claimant was being treated with viscosupplementation injections for medial joint arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a Refurbish Kit for Knee Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the claimant meets the clinical need for the use of an unloader brace given his medial compartment degenerative changes and documented instability. The request in this case is not specifically for a new brace, but for refurbishment of a brace that is in disrepair as stated in the physician's appeal letter. The request for referral to an orthotist for repair of the brace as opposed to replacing the DME would appear to be medically necessary given the clear indication for continued use and documentation of disrepair on appeal.