

Case Number:	CM13-0034529		
Date Assigned:	02/20/2014	Date of Injury:	10/02/2011
Decision Date:	04/22/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 54 year-old female with a 10/2/2001 industrial injury claim. She has been diagnosed with a cumulative trauma injury involving her head, neck, upper extremities, right shoulder, bilateral knees and bilateral hands; right knee medial meniscal tear, s/p right knee arthroscopy on 6/20/13; left knee meniscal tear. On 10/2/13, UR recommended non-certification of a custom Defiance OA brace with Lycra undergarment, patient set-up, education and fitting fees, based on [REDACTED] 7/10/13 report.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Defiance OA custom brace with Lycra undergarment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Knee Braces

Decision rationale: MTUS guidelines recommend knee braces if the patient is going to be stressing the knee under load. The records show the patient worked as a parole agent for the

██████████. There is a potential for stressing the knee under load. The 7/10/13 report documented grade 3-4 chondromalacia and arthritis of the medial femoral condyle. MTUS does not specifically discuss custom bracing versus prefabricated bracing, so ODG guidelines were consulted. ODG guidelines state a custom fabricated brace may be appropriate if the patient has severe osteoarthritis (grade III or IV). According to the UR letter, ██████████ reported grade III-IV arthritis. The request appears to be in accordance with MTUS and ODG guidelines.

Patient set-up, education and fitting fee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Knee Braces

Decision rationale: The patient set-up, fitting, education fees are associated with the custom-fabricated brace. As the custom brace is found to be necessary, all necessary measurements, set-up, instructions/education fees to have the brace properly fitted to the patient should be included. The MTUS states that in all cases, braces need to be properly fitted and combined with a rehabilitation program. The request is in accordance with MTUS guidelines.