

Case Number:	CM13-0036153		
Date Assigned:	07/02/2014	Date of Injury:	06/01/2011
Decision Date:	08/05/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

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 Surgeon 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 injured worker is a 56-year-old male who reported an injury on 06/01/2011, while at work performing repetitive work over time at his job as a mechanic. On 08/16/2013 the injured worker underwent a right knee arthroscopy with partial meniscectomy and debridement. On 08/16/2013 the injured worker complained of throbbing in the right knee with limited range of motion. On the physical examination, it was noted the wound was healing well and there was tenderness with decrease range of motion. The diagnoses included L/S S/S multilevel disc bulges L/S, clinical BLE radiculopathy; bilateral knees S/S and tears of the medial menisci and bilateral knees with chondral defects. There was no medication listed for the injured worker or conservative care such as physical therapy. The treatment plan included for a decision for a retrospective request for the purchase of L1832 KO, knee orthosis, for the right knee. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR THE PURCHASE OF L1832 KO, KNEE ORTHOSIS, FOR THE RIGHT KNEE, DATE OF SERVICE 08/16/2013: Upheld

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 & Leg (Acute & Chronic) Knee Brace.

Decision rationale: The Official Disability Guidelines does not recommend the use of a knee brace/orthotic for a status post right knee arthroscopy of the knee with partial meniscectomy and debridement of the right knee. The guidelines recommend knee braces that produce valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The documentation provided had lack of conservative care such as a rehabilitation program and there was no indication the injured worker would be under a load which will cause stressing of the right knee. Therefore, the retrospective request for the purchase of L1832 KO, knee orthosis, for the right knee is not medically necessary.