

Case Number:	CM13-0038412		
Date Assigned:	12/18/2013	Date of Injury:	04/10/2002
Decision Date:	03/05/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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. 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 60-year-old female who reported an injury on 04/10/2002. The patient is currently diagnosed as status post left arthroscopy with Mumford procedure of the left shoulder, right full thickness supraspinatus tear, bilateral knee osteoarthritis with medial meniscus and lateral meniscal tear. The patient was seen by [REDACTED] on 09/23/2013. The patient reported lower back pain with radiation to the bilateral lower extremities causing numbness and tingling. Physical examination of the bilateral knees revealed tenderness to palpation of the medial and lateral joint line, positive crepitus, and positive McMurray's testing on the left. Treatment recommendations included continuation of current medications and an x-ray of the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

O Active brace with Bionicare knee system, bilateral, medium, purchase device and supplies: Upheld

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 7 Leg Chapter, Knee Brace

Decision rationale: The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state a brace can be used for patellar instability, ACL tear, or medial collateral ligament instability. 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. As per the clinical notes submitted, the latest physical examination of bilateral knees revealed tenderness to palpation, crepitus, and positive McMurray's testing. There is no documentation of significant instability. There is also no evidence of this patient's active participation in a rehabilitation program. Based on the clinical information received, the patient does not currently meet criteria for a bilateral knee brace. As such, the request is non-certified.