

Case Number:	CM13-0040475		
Date Assigned:	03/21/2014	Date of Injury:	10/02/2001
Decision Date:	05/23/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 54-year-old female with a 10/2/01 date of injury, and 6/28/13 right knee partial medial meniscectomy, partial lateral meniscectomy, chondroplasty patellofemoral joint, medial compartment, and lateral compartment; extensive three compartment synovectomy/debridement; and resection of hypertrophic synovial plica. At the time (9/27/13) of request for authorization for defiance OA custom brace QTY 5, Lycra undergarment (large), patient set-up education/fitting fee QTY: 1.00, there is documentation of subjective (status post right knee surgery) and objective (well healed arthroscopic portals) findings, current diagnoses (grade 3-4 chondromalacia and arthritis of the medial femoral condyle, complex tear of the medial meniscus, and status post right knee surgery), and treatment to date (right knee surgery and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

DEFIANCE OA CUSTOM BRACE QUANTITY 5: Upheld

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): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Knee braces.

Decision rationale: MTUS reference to Knee Complaints Chapter ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. ODG identifies documentation of abnormal limb contour (such as: Valgus [knock-kneed] limb, Varus [bow-legged] limb, Tibial varum, Disproportionate thigh and calf (e.g., large thigh and small calf), or Minimal muscle mass on which to suspend a brace); Skin changes (such as: Excessive redundant soft skin, Thin skin with risk of breakdown (e.g., chronic steroid use), Severe osteoarthritis (grade III or IV), Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), or Severe instability as noted on physical examination of knee), as criteria necessary to support the medical necessity of custom-fabricated knee braces. Within the medical information available for review, there is documentation of diagnoses of grade 3-4 chondromalacia and arthritis of the medial femoral condyle, and complex tear of the medial meniscus. In addition, there is documentation of status post right knee partial medial meniscectomy, partial lateral meniscectomy, chondroplasty patellofemoral joint, medial compartment, and lateral compartment; extensive three compartment synovectomy/debridement; and resection of hypertrophic synovial plica. However, given documentation of the requested defiance OA custom brace QTY 5, there is no documentation of a rationale identifying the medical necessity of multiple (QTY 5) custom brace. Therefore, based on guidelines and a review of the evidence, the request for defiance OA custom brace QTY 5 is not medically necessary and appropriate.

LYCRA UNDERGARMENT (LARGE): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending defiance OA custom brace QTY 5 that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Lycra undergarment (large) is not medically necessary and appropriate.

PATIENT SET-UP EDUCATION/FITTING FEE QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending defiance OA custom brace QTY 5 that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for patient set-up education/fitting fee QTY: 1.00 is not medically necessary and appropriate.

