

Case Number:	CM13-0040483		
Date Assigned:	12/20/2013	Date of Injury:	11/18/2010
Decision Date:	02/12/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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:

This is a male patient with the date of injury of November 18, 2010. A utilization review determination dated October 15, 2013 recommends non-certification of 1 right knee Donjoy brace. The previous reviewing physician recommended non-certification of 1 right knee Donjoy brace due to lack of documentation of clarification if the patient indeed already had a knee brace and if so, a clear rationale for requesting another knee brace. A Follow-up report dated October 3, 2013 identifies under Subjective Complaints the patient does have access to brace on both knees. He has had limitation with buckling especially with the right knee. He has stiffness and weather effects. Objective Findings include tenderness along the medial joint line and inner patellar on the right knee with a positive McMurray test and mild crepitation of range of motion. Diagnoses include internal derangement of the knee on the right status post meniscectomy twice medially and some meniscectomy laterally at the second surgery, internal derangement of the knee on the left status post previous interventional treatment and rating for an injury of 2007 which aggravated on the job, element of weight gain, sexual dysfunction, depression, and diarrhea. Treatment Plan recommends the patient be reevaluated for functional restoration program and he needs to have a DonJoy brace for the right knee provided to unload the medial joint line

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right knee Donjoy Brace: 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): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Unloader Brace

Decision rationale: Regarding the request for 1 right knee DonJoy brace, Occupational Medicine Practice Guidelines do not contain criteria for the use of unloader braces. ODG guidelines state that unloader braces are designed specifically to reduce pain and disability associated with osteoarthritis of the medial compartment of the knee. Within the documentation available for review, while the patient has undergone prior surgeries consisting of meniscectomies, there is no indication that the patient has medial compartment arthritis of the knee. In the absence of such documentation, the current request for 1 right knee DonJoy brace is not medically necessary.