

Case Number:	CM13-0042388		
Date Assigned:	12/27/2013	Date of Injury:	11/23/2011
Decision Date:	04/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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 patient with the date of injury of November 23, 2011. A utilization review determination dated October 11, 2013 recommends noncertification of knee orthosis. A request for authorization dated November 6, 2013 includes subjective complaints indicating that the patient underwent surgical intervention for the right knee years ago. The patient has undergone injections for the left knee. The note seems to indicate that an MRI in 2013 identifies a meniscal tear and a cartilage tear. Note indicates that the patient has ongoing problems along the knee at the medial and lateral joint line with an MRI identifying progression of disease. Therapy is also currently being provided. The note indicates that the patient is still having problems so he fits every criteria in the orthopedic guidelines for an arthroscopy. Note indicates that the patient uses knee braces as well as a hot and cold wrap. The note indicates that the patient continues to work. The treatment plan recommends knee surgery, ongoing medication use, lab work, and modified work. A left knee MRI dated July 23, 2013 identifies abnormal signal intensity in the medial meniscus with a relatively large medial meniscus tear. There is also low grade partial thickness chondrosis in the adjacent medial compartment. A report dated July 26, 2013 recommends further treatment for the knee including home exercises, consideration for additional investigation if mechanical symptoms develop, and avoiding the use of corticosteroid injections. A progress report dated April 10, 2013 recommends replacement for his right knee generic right hinged brace because the covers of the hinges are coming off in the knee brace is getting a little old.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Knee Brace.

Decision rationale: Regarding the request for Knee Orthosis, Elastic with Joints, Prefabricated, Includes Fitting and Adjustment, Occupational Medicine Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. 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. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Within the documentation available for review, it appears the patient has a meniscus injury as well as a cartilage defect. However, the requesting physician has clearly stated that surgery is indicated at the present time. It is unclear why a knee brace would be required if surgical intervention is expected to resolve the patient's complaints. Additionally, there is no specific documentation indicating that the patient's current knee orthosis improves pain or function. In the absence of clarity regarding his issues, the currently requested Knee Orthosis, Elastic with Joints, Prefabricated, Includes Fitting and Adjustment is not medically necessary.