

Case Number:	CM13-0047676		
Date Assigned:	12/27/2013	Date of Injury:	03/27/1997
Decision Date:	05/19/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 claimant is a 59-year-old female who was injured in a work related accident on March 27, 1997. This was a slip and fall injury that resulted in multiple orthopedic injuries. There is documentation of multiple prior left and right knee surgical processes. Recent clinical follow-up of June 26, 2013 indicated diagnosis of status post left knee surgery times four with right knee internal derangement. Physical examination at that time showed restricted range of motion from 0 to 90 degrees to the left knee with 5/5 motor strength and tenderness to palpation. Formal clinical imaging was not noted for review. The specific surgical processes performed in the individual re not noted for review either. Given continued bilateral knee complaints, recommendations were for bilateral BioniCare braces to the left and right knee for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIONICARE RIGHT/LEFT BRACES (NIGHT WRAP AND EAGLE OA): 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 rationale: Based on California ACOEM Guidelines, this individual fails to demonstrate specific clinical diagnosis for which supported use of bracing would be indicated. CA MTUS states, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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." While the claimant is noted to have undergone multiple prior left knee surgeries, the specific clinical processes are not documented. The specific request for bracing based on the claimant's physical examination that does not demonstrate ligamentous laxity, instability or acute clinical finding other than diminished motion would not be supported at this chronic stage in clinical course of care. The request is not medically necessary or appropriate.