

Case Number:	CM13-0048020		
Date Assigned:	12/27/2013	Date of Injury:	10/29/2008
Decision Date:	02/20/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

A 61-year-old female, date of injury of 10/29/2008. The patient's listed diagnoses from 08/27/2013 report are knee arthritis, knee pain, tear medial meniscus, sprain, meniscal tear. The treating physician indicates that the patient has failed conservative care for over 3 years, but continues to work her regular job. The patient declined surgery and will mostly also decline viscosupplementation. The patient wants to start Relafen. Request was medial compartment off-loading brace for the right knee and patellofemoral tracking brace for the left knee. Examination on both knees showed tenderness to palpation of the lateral joint lines and medial joints lines on both sides with no other abnormalities. [REDACTED] report from 09/24/2013 is also reviewed. Relafen is helping, sleeping better. The patient has to walk 1 mile to her desk and 1 mile to her car which is difficult for her. The patient has pain that radiates from left knee to left thigh. The knee braces were still recommend. Review of the report 07/22/2013 by a treating physician indicates that MRI from 11/11/2008 consistent with complex tear of the medial meniscus extending to posterior horn, tear involving anterior horn also. The patient saw an orthopedist that recommended knee surgeries of the both sides.

IMR ISSUES, DECISIONS AND RATIONALES

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

left knee brace (patellofemoral tracking brace) QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 346. Decision based on Non-MTUS Citation the ODG, Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of knee braces.

Decision rationale: This patient presents with chronic left knee pain with osteoarthritis, complex tear of the meniscus. The patient continues to be functional and working. One of the notes by the treating physician indicates the patient has to walk a mile to her car and back. The request was for the left knee patellofemoral tracking brace. While ACOEM Guidelines page 340 is not enthusiastic about knee bracing, recommending it for patellar instability, ACL tear, or medial collateral ligament instability, it still recommends it if the patient is going to stress the knee on the loads such as climbing ladders or carrying boxes. For average patient, using knee brace was unnecessary. It should be noted that this patient is walking a mile to get to the car and work, and the patient is working full time. ODG Guidelines has more specific criteria for knee bracing. For painful unicompartmental osteoarthritis, knee bracing is recommended. Recommendation is for authorization.

right knee brace (medial offloading brace) QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation ODG, Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of knee braces.

Decision rationale: This patient presents with chronic right knee pain with osteoarthritis, complex tear of the meniscus. The patient continues to be functional and working. One of the notes by the treating physician indicates the patient has to walk a mile to her car and back. The request was for the right knee patellofemoral tracking brace. While ACOEM Guidelines page 340 is not enthusiastic about knee bracing, recommending it for patellar instability, ACL tear, or medial collateral ligament instability, it still recommends it if the patient is going to stress the knee on the loads such as climbing ladders or carrying boxes. For average patient, using knee brace was unnecessary. It should be noted that this patient is walking a mile to get to the car and work, and the patient is working full time. ODG Guidelines has more specific criteria for knee bracing. For painful unicompartmental osteoarthritis, knee bracing is recommended. Recommendation is for authorization.