

Case Number:	CM13-0053804		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2003
Decision Date:	06/20/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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:

The claimant injured his knee on 7/16/03. On 08/21/13, a cold therapy/pain pump and hinged range of motion brace were recommended. The claimant underwent viscosupplementation injections and eventually had a total knee arthroplasty on 8/27/13. He was referred to postoperative physical therapy which started on 9/10/13. He was using ice daily. A progress note dated 9/26/13 states that he reported increased walking tolerance without a cane and still had tightness into the top of his knee that restricted full flexion range of motion. He had fewer limitations. On 10/24/13, he continued to report improvement in range of motion and walking tolerance, but he had stiffness that was most severe in the morning. He was independent with his home exercise program. There was no mention of a brace. On 12/10/13, he was independent in his home exercise program and still had several goals to meet. He was discharged from physical therapy and was to continue with home exercises. On 11/27/13, he was eligible for modified work and had been doing well per [REDACTED]. There is no mention of a knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DJ ROM HINGED BRACE WITH ICE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines KNEE Braces.

Decision rationale: The California MTUS does not address the use of knee braces and the Official Disability Guidelines have criteria for the use of prefabricated knee braces and custom-fabricated knee braces. Prefabricated braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Custom-fabricated braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 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), and/or minimal muscle mass on which to suspend a brace; skin changes, such as excessive redundant soft skin, and/or 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); and/or severe instability as noted on physical examination of knee. In this case, the claimant was status post total knee arthroscopy (TKA); he had been attending postoperative physical therapy and was doing home exercises. During the period of time covered by the records, there is no mention of specific indications for this type of knee brace. There is no documentation of a painful failed TKA. There were no identified problems with instability of the knee. As such, the request is not medically necessary.