

Case Number:	CM13-0054012		
Date Assigned:	12/30/2013	Date of Injury:	04/12/2012
Decision Date:	05/02/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 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 patient is a 44 year old male with an injury date on 04/12/12. Based on the 01/29/13 progress report provided by [REDACTED], the patient's diagnosis include right knee pain and medial meniscus tear. On 02/06/13, the patient had arthroscopic partial medial and lateral meniscectomy as well as arthroscopic chondroplasty of patellofemoral joint and lateral femoral condyle. [REDACTED] requests for a custom made brace for the right knee. The utilization review determination being challenged is dated 10/15/13 and recommends denial of the custom made brace. [REDACTED] is the requesting provider and provided treatment reports from 1/29/13- 03/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CUSTOM MADE BRACE FOR RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG-TWC GUIDELINES HAS THE FOLLOWING REGARDING KNEE BRACING: ([HTTP://WWW.ODG-TWC.COM/ODGTWC/KNEE.HTM#KNEEBRACE](http://www.odg-twc.com/odgtwc/knee.htm#kneebrace)).

Decision rationale: The Expert Reviewer's decision rationale: According to the 01/29/13 progress report by [REDACTED], the patient presents with right knee pain and medial meniscus tear. The request is for a custom made brace for the right knee. The request was denied by utilization review letter dated 10/15/13 and there was no rationale provided. ACOEM page 340 states that "in all cases, braces need to be properly fitted and combined with a rehabilitation program." ACOEM does not specifically address custom made knee bracing, however. ODG guidelines states that for custom-fabricated knee brace, abnormal limb contour, skin changes, severe osteoarthritis, heavy patient, or severe instability must be noted. No such documentations are provided in this request. Although the patient's knee brace does not fit well, the patient does not present with a diagnosis that supports custom-fitted knee brace. Recommendation is for denial.