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| Case Number: | CM14-0004870 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 11/09/2009 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/10/2014 |

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 Texas. 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 injured worker is a 57 year old male who reported an injury on 11/09/2009. The mechanism of injury was reportedly from being struck by a pallet on a forklift that resulted in a fractured left tibia and fibula. Per the MRI dated 08/13/2013 the injured worker had a complex radial tear in the posterior horn of the medial meniscus and focal bone marrow edema along the anterior aspect of the femoral condyle. The diagnosis for the injured worker was right knee internal derangement. The injured worker underwent surgery to the right knee on 11/08/2013 to repair a medial meniscus tear and chondromalacia of the patella. Per the clinical note dated 01/02/2014 the injured worker reported pain to the right knee at 2/10. The injured worker completed eight sessions of physical therapy. The injured worker noted improvement in pain level but still reported some weakness and stiffness to the right knee. Active range of motion to the right knee reported flexion of 110 degrees. The request for authorization for medical treatment was dated 09/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE(DISPENSED ON 11/22/2013) KNEE ORTHOSIS WITHOUT KNEE JOINT, RIGID, CUSTOM FABRICATED FOR THE 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Knee complaints, Knee brace.

Decision rationale: Per ACOEM Guidelines there is no recommendation for or against functional bracing as part of a rehabilitation program. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The documentation provided stated the injured worker was off work after the surgery to the right knee and was not participating in any strenuous activity. Per the Official Disability Guidelines custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: Abnormal limb contour, skin changes, severe osteoarthritis (grade III or IV), maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), severe instability as noted on physical examination of knee. There was a lack of documentation to suggest the injured worker had any of the previously mentioned conditions which would constitute the need for a custom knee brace. The requesting physician's rationale for the request was unclear. Therefore the request for the retrospective knee orthosis without knee joint, rigid, custom fabricated dispensed on 11/22/2013 for the right knee is not medically necessary.

RETROSPECTIVE(DISPENSED ON 11/22/2013)KNEE ORTHOSIS RIGID NO JOINT WITH INTERFACE FOR THE 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Knee complaints, Knee brace.

Decision rationale: Per ACOEM Guidelines there is no recommendation for or against functional bracing as part of a rehabilitation program. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The documentation provided stated the injured worker was off work after the surgery to the right knee and was not participating in any strenuous activity. Per the Official Disability Guidelines custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: Abnormal limb contour, skin changes, severe osteoarthritis (grade III or IV), maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), severe instability as

noted on physical examination of knee. There was a lack of documentation to suggest the injured worker had any of the previously mentioned conditions which would constitute the need for a custom knee brace. The requesting physician's rationale for the request was unclear. Therefore the request for the retrospective knee orthosis without knee joint, rigid, custom fabricated dispensed on 11/22/2013 for the right knee is not medically necessary.