

Case Number:	CM14-0005110		
Date Assigned:	01/24/2014	Date of Injury:	05/29/2009
Decision Date:	08/13/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 41-year-old male with a reported date of injury on 05/29/2009. The mechanism of injury was noted to be due to a slip and fall. His diagnoses were noted to include chronic low back and right leg pain, bilateral knee pain, anterior cruciate ligament sprain, status post left plantar fascia, and persistent bilateral ankle and left foot pain. His previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 12/18/2013 revealed the injured worker complained of persistent foot, right knee, and low back pain. The injured worker reported he woke up in the middle of the night with 10/10 pain. The injured worker revealed Norco brought his pain down to 4/10 and allows him to remain active, walk for exercise, and carry out his activities of daily living such as cooking, cleaning, laundry, and self hygiene, as well as running errands. The physical examination revealed a slight valgus on the right side of the knee and the injured worker limped, favoring his right side while ambulating. The progress note dated 11/19/2013 revealed the injured worker complained of his knee being unstable and was afraid he would fall while walking. The provider indicated the injured worker may have right knee surgery. The progress note dated 01/15/2014 revealed the injured worker complained of right knee and low back pain. The injured worker revealed his pain level was 8/10 with medications, and with medications was rated 4/10 to 5/10. The medications allowed him to remain functional and active and carry out activities of daily living such as cooking, cleaning, and self hygiene, as well as caring for his family and children. The injured worker indicated the knee brace was helpful for giving him support on the right knee more than a right knee sleeve he had previously. The physical examination revealed no significant changes. The Request for Authorization Form was not submitted within the medical records. The request is for a freestyle osteoarthritis knee brace for the right knee, size extra large, to decrease pain and give stability while ambulating.

IMR ISSUES, DECISIONS AND RATIONALES

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

FREESTYLE OSTEOARTHRITIS KNEE BRACE, RT KNEE, X LARGE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-340.

Decision rationale: The request for a freestyle osteoarthritis knee brace for the right knee, size extra large, is not medically necessary. The injured worker is utilizing a freestyle osteoarthritis knee brace for stability and pain. The California MTUS/ACOEM Guidelines state a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefit may be more emotional (such as 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 guidelines recommend a brace if the injured worker is going to be stressing the knee under load; however, the guidelines state that a brace is usually unnecessary for the average patient. Additionally, the physical examination did not reveal clinical findings consistent with instability. Therefore, the request is not medically necessary.