MAXIMUS Federal Services

Case Number:	CM14-0005925		
Date Assigned:	02/05/2014	Date of Injury:	05/28/2013
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 patient is a 31-year-old female who has submitted a claim for knee osteoarthritis associated with an industrial injury date of May 28, 2013. Medical records from 2013 were reviewed, the latest of which dated November 27, 2013 revealed the patient continues to be symptomatic with regard to her bilateral knees. She complains of right knee stiffness, achiness, pain and difficulty with prolonged weight bearing activities and using her knees in a bent position. She is also having lumbar pain that is worsening over time. On physical examination, there is left knee patellofemoral crepitation with grinding. There is tenderness along the medial joint line and lateral joint line of the left knee. There are positive McMurray's and Apley's compression tests. Range of motion of the left knee is up to approximately 130 degrees, while the right knee is up to approximately 120 degrees. There is positive patellofemoral crepitation and grinding in the right knee. There is tenderness along the distal inferior patellar pole of the right knee. Treatment to date has included physical therapy, activity modification and medial off-loader brace. Utilization review from December 30, 2013 denied the request for [redacted] Custom Braces #2 because the submitted records do not indicate that the patient fits the evidence based criteria for knee bracing, and denied the request for Lycra Undergarments #2 because the related request for custom braces were recommended non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **CUSTOM BRACES #2:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004,, CHAPTER 13 (KNEE COMPLAINTS), 340

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Knee and Leg Chapter

Decision rationale: The California MTUS Guideline does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Chapter, was used instead. The ODG supports custom knee braces with a condition which may preclude the use of a prefabricated model such as severe osteoarthritis (grade III or IV), the need for maximal off-loading of painful or repaired knee compartment or severe instability as noted on physical examination. In this case, custom knee braces are prescribed because the patient is a very active female and would like to continue with her current work duties. In the recent clinical evaluation, there are significant subjective and objective findings in the bilateral knees. However, these do not meet the criteria that would support the need for custom knee braces. The request is not medically necessary.

LYCRA UNDERGARMENTS #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.