MAXIMUS Federal Services

Case Number:	CM14-0009772		
Date Assigned:	02/21/2014	Date of Injury:	01/07/1992
Decision Date:	06/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/24/2014

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 Pain Management, 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 59 year old male with date of injury 1/7/92. The treating physician report dated 12/19/13 states in it's entirety, "Patient was seen in the office today. We are waiting for authorization for brace and/or injections to his knee. It is about the same; it remains painful. He told us today that the attorney told him that Worker's Compensation was going to approve it and we will again seek authorization." The utilization review report dated 12/30/13 denied the request for Unloader Knee Brace with stimulator and night sleeve, left knee based on the rationale that x-rays of the left knee only showed mild arthritic changes and the (ODG) Official Disability Guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNLOADER KNEE BRACE WITH STIMULATOR AND NIGHT SLEEVE, LEFT 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) - Knee Brace

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) - Knee Brace

Decision rationale: The patient presents with chronic left knee pain. The current request is for Unloader knee brace with stimulator and night sleeve, left knee. The 12/19/13 report is very brief and provides no objective findings or rationale for this request. There is a hand written prescription dated 8/8/13 for the current request. There is no report to accompany the prescription. There is an x-ray report dated 8/22/12 that states, "Status post total knee arthroplasty on the right. There is no acute pathology in either knee." X-ray report of the left knee dated 4/5/12 states there is minimal osteoarthritis with no acute pathology. The MTUS Guidelines do not address knee unloader bracing. The ODG Guidelines state, "Recommended. Unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment." This patient only has minimal arthritis of the left knee and has had right knee replaced. The patient does not present with the indication for unloader knee brace. The request is not medically necessary and appropriate.