

Case Number:	CM14-0102164		
Date Assigned:	07/30/2014	Date of Injury:	09/25/2012
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 47-year-old male who has submitted a claim for status post Left Knee Arthroscopy x2 and bilateral knee meniscal tear associated with an industrial injury date of 09/25/2012. Medical records from 11/18/2013 to 07/30/2014 were reviewed and showed that patient complained of bilateral knee pain graded 5-7/10. Physical examination revealed swelling over the knee joints, right greater than left. Decreased knee range of motion bilaterally was noted. Ligamentous laxity and alignment were not described. There was no anteroposterior, medial, and lateral instability noted. McMurray's test was positive bilaterally. Drawer, Lachman's, and pivot shift tests were negative. MRI of the left knee dated 01/14/2014 revealed partial medial meniscectomy with degenerative changes of meniscal remnant, degenerative changes of the knee, degenerated anterior cruciate ligament, full-thickness defect of the trochlear articular cartilage, and joint effusion. MRI of the right knee dated 01/14/2014 revealed small tear of the junction of the posterior horn and body of the medial meniscus, small knee effusion, and small baker's cyst. Treatment to date has included arthroscopic surgery of the left knee (12/20/2012), second arthroscopic surgery of the left knee (05/30/2013), physical therapy, and pain medications. Utilization Review dated 06/09/2014 determined that the request for bilateral soft knee braces (mobility and support) were medically unnecessary because the patient does not have a condition for which knee bracing was appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral soft knee braces (mobility and support): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee chapter for knee braces.

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. According to ODG, criteria for use of prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, the request for knee brace was for mobility and support. Patient underwent two unspecified arthroscopic surgical knee procedures. It is unclear as to whether the patient met the criteria for use of knee brace due to insufficient documentation. Moreover, the guidelines state that knee brace should be used in conjunction with a rehabilitation program. However, there was no evidence that patient is actively participating in an exercise program at this time. Therefore, the request for Bilateral Soft Knee Braces (mobility and support) is not medically necessary.