

Case Number:	CM14-0107731		
Date Assigned:	08/01/2014	Date of Injury:	03/11/2007
Decision Date:	10/02/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family 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 injured worker is a 59 year old female who sustained injuries to her bilateral lower extremities on 03/11/07 due to cumulative trauma while performing her usual and customary duties as an inventory worker. Due to repetitive lifting of boxes, weighing 25 to 30 pounds, she experienced low back pain. She reported that due to repetitive motions of bending, stooping and kneeling, she experienced right knee symptoms. Plain radiographs of the knee revealed possible fracture, as well as bone on bone positioning. A panel qualified medical reevaluation and report dated 08/21/12 noted that the injured worker was previously deemed at maximum medical improvement and given a rating for her traumatic arthritis of the right knee and compensatory pain in the left knee. It was noted that the injured worker has continued with her treating physician and had a variety of conservative measures, including medication orally, bracing, injections, physical therapy and stretching with activity restrictions. In spite of all of the above, she has had progressive worsening in the bilateral knees and thinks that her limp is making her back more symptomatic. Physical examination noted moderate swelling and effusion in the bilateral knees; persistence of medial/lateral patellofemoral tenderness with moderate chondromalacia of the bilateral patellae; range of motion with extension right lacks 5 degrees, left full, flexion right 95 degrees, left 100 degrees; no instability with varus/valgus stress testing; negative Lachman's sign; negative pivot shift sign; negative McMurray's signs in the bilateral knees. No diagnostic studies were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Osteoarthritis Braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-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 and leg chapter, Knee brace

Decision rationale: The previous request was denied on the basis that the previous osteoarthritis braces were reportedly old and were no longer working. There was no clear detail provided as to why the existing brace could not be repaired and what specific bio-mechanical issues need to be addressed with the bracing; therefore, the request is not deemed as medically appropriate. The Official Disability Guidelines (ODG) states that there are no high quality studies that support or refute the benefits of knee braces for patellar instability, anterior cruciate ligament (ACL) tear, medial collateral ligament (MCL) instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. 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. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker is actively participating in a home exercise program that would warrant the need for additional knee braces. Given this, the request for bilateral osteoarthritis braces is not medically necessary.