

Case Number:	CM14-0016139		
Date Assigned:	07/02/2014	Date of Injury:	02/27/2001
Decision Date:	07/31/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/07/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 58-year-old with a reported injury on February 27, 2001. The mechanism of injury was not provided within the clinical notes. The clinical note dated December 23, 2013 reported that the injured worker complained of bilateral knee pain. The physical examination of the injured worker's knees revealed flexion to 120 degrees to the right, 100 degrees to the left, and extension to zero degrees to the right and negative 2 degrees to the left. The injured worker's diagnoses included cervical disc syndrome, status post right total knee replacement on May 14, 2010, and status post left total knee replacement November 8, 2013. The provider requests a left knee flexion Dynasplint for a six month rental. The rationale was not provided within the clinical notes. The request for authorization was submitted on February 6, 2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six month rental of a left knee flexion Dynasplint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2008 Revision, pages 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee brace.

Decision rationale: The injured worker complained of bilateral knee pain. The treating physician's rationale for a left knee flexion Dynasplint brace was not provided within the clinical notes. The Knee Complaints Chapter of the ACOEM Practice Guidelines states that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., 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 Official Disability Guidelines prefabricated knee braces may be appropriate in patients with one of the following conditions to 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; Tibial plateau fracture. There is a lack of clinical information indicating that the injured worker has decreased strength or instability. The rationale for the left knee brace was not provided within the clinical notes. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided. There is a lack of documentation indicating the injured worker has significant functional deficits requiring a knee brace. The request for a six month rental of a left knee flexion Dynasplint is not medically necessary or appropriate.