

Case Number:	CM14-0121327		
Date Assigned:	08/06/2014	Date of Injury:	10/15/2013
Decision Date:	09/24/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/31/2014

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 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:

Medical records reflect the claimant is a 48 year old male who sustained a work injury on 10-15-13 to the left knee. The claimant sustained a lateral meniscus tear and underwent arthroscopic surgery on 6-28-14. On 7-9-14 it is noted the claimant reports his pain as 8/10. Exam shows the claimant has well healed portals. Incision is dry without evidence of infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

knee support brace: 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) 2014 online.

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

Decision rationale: ODG reflects that 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. Several case series suggest that unloader knee braces appear to be associated with

a reduction in pain in patients with painful osteoarthritis of the medial compartment. This study recommends the unloader (valgus) knee brace for pain reduction in patients with osteoarthritis of the medial compartment of the knee. (Gravlee, 2007) When an unloader brace was used with the BioniCare stimulator and compared to the BioniCare only treatment, more patients achieved significant clinical improvement, at least 20%, with the unloader plus stimulator treatment than with stimulator-only treatment. There is an absence in current evidence based medicine to support knee bracing for a meniscus repair. Additionally, this claimant's physical exam does not demonstrate that he has instability that would support bracing. Therefore, the medical necessity of this request is not established.

CPM - 6 week rental with CPM pad kit: 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) 2014 online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter - continuous passive motion devices.

Decision rationale: ODG reflects that Criteria for the use of continuous passive motion devices include total knee arthroplasty (revision and primary), anterior cruciate ligament reconstruction (if inpatient care), open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (BlueCross BlueShield, 2005). There is an absence in documentation noting that this claimant underwent any of the surgical procedures for which this DME is indicated. Additionally, there is no documentation that this claimant cannot perform a home exercise program or that his physical exam supports the need for a continuous passive motion device. Therefore, the medical necessity of this request is not established.