

Case Number:	CM14-0122066		
Date Assigned:	08/06/2014	Date of Injury:	01/05/2010
Decision Date:	10/01/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/04/2014

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 Illinois. 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 54-year-old male who reported an injury 01/06/2010 due to unspecified mechanism of injury. The injured worker complained of left knee pain, with a diagnosis of moderate degenerative arthritis. The prior surgeries included a total right knee replacement. Physical examination dated 06/03/2014 to the left knee revealed tight lateral retinaculum, 2+ effusion, and generalized tenderness diffusely about the knee. The range of motion is 0 degrees to 125 degrees with stable ligaments. The medications included gabapentin, omeprazole, and Zolpidem. The treatment plan included possible revision of the knee. The Request for Authorization dated 08/06/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Knee & Leg, Braces

Decision rationale: The request for Post-Op Knee Brace is not medically necessary. The California MTUS/ACOEM did not address. The Official Disability Guidelines recommend as

indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or 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. The clinical notes did not indicate that the injured worker was also having rehab in a rehab program. As such, the request is not medically necessary.