

Case Number:	CM14-0123652		
Date Assigned:	08/08/2014	Date of Injury:	05/14/2010
Decision Date:	09/11/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/05/2014

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, Pain 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 45-year-old-female, with a date of injury 05/14/2010. No records of mechanism of injury available. MRI of the right knee on 12/14/11 showed evidence of previously fractured patella with secondary mild arthrosis of patellofemoral joint, chronic changes of distal portion quadriceps and proximal portion of patellar tendon and degeneration in the medial meniscus. Treatments include brace, extensive PT, and acupuncture. On 7/18/14, she is noted that she fell on 5/30/14 and twisted her right knee and ankle and again on 7/16/14. X-ray was negative. On exam, right knee range of motion was 0-100 with effusion. Strength was 4/5 and positive anterior Drawer. Diagnoses: Status post right quad tendon repair (12/14/11) and left ankle instability. Treatment Plan: Give knee and ankle some time. If continued pain, need to update MRI's. There is a request for an authorization for double upright brace. The UR determination is for right double upright knee brace which was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Double Upright Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339 and 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, 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.

Decision rationale: Per ODG guidelines, unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment. 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. Criteria for use of knee braces include knee instability, ligament insufficiency/deficiency, articular defect repair, avascular necrosis, painful failed TKA / osteotomy, tibial plateau fracture and painful unicompartment osteoarthritis. In this case, there is no evidence of any of the above conditions. Thus, the request is not considered medically necessary per guidelines.