

Case Number:	CM14-0137743		
Date Assigned:	09/05/2014	Date of Injury:	11/23/2009
Decision Date:	09/30/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 47-year-old female with date of injury of 11/23/2009. The listed diagnoses per [REDACTED] dated 07/18/2014 are: 1. Lumbar radiculopathy. 2. Lumbar spinal stenosis. 3. Lumbar DDD. According to this report, the patient complains of lower back, bilateral hips, left shoulder, and right knee pain. She states that her pain radiates to the bilateral legs all the way down to the toes on the bilateral feet. The objective findings show 5/5 strength in the bilateral lower extremities. Right hip provocative maneuver is positive. There is tenderness to palpation in the right medial aspect of the patella with moderate tenderness on the left AC joint. The patient uses an LSO brace. Moderate to severe tenderness was noted in the medial aspect of the right knee with decreased right knee range of motion due to pain. Positive right knee valgus maneuver. The utilization review denied the request on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Custom Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Brace.

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

ODG-TWC guidelines has the following regarding knee bracing:(<http://www.odg-twc.com/odgtwc/knee.htm#Kneebrace>)"Recommended as indicated below. 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. (Bengal, 1997) (Crossley, 2001) (D'hondt-Cochrane, 2002) (Miller, 1997) (Yeung-Cochrane, 2002) (Van Tiggelen, 2004) There are no data in the published peer-reviewed literature that shows that custom-fabricated functional knee braces offer any benefit over prefabricated, off-the-shelf braces in terms of activities of daily living. (BlueCross BlueShield, 2004)Criteria for the use of knee braces:Prefabricated knee braces may be appropriate in patients with one of the following conditions:1. Knee instability 2. Ligament insufficiency/deficiency 3. Reconstructed ligament 4. Articular defect repair 5. Avascular necrosis 6. Meniscal cartilage repair 7. Painful failed total knee arthroplasty 8. Painful high tibial osteotomy 9. Painful unicompartmental osteoarthritis 10. Tibial plateau fracture Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model:1. Abnormal limb contour, such as: a. Valgus [bow-legged] limb b. Varus [knock-kneed] limb c. Tibial varus d. Disproportionate thigh and calf (e.g., large thigh and small calf) e. Minimal muscle mass on which to suspend a brace 2. Skin changes, such as: a. Excessive redundant soft skin b. Thin skin with risk of breakdown (e.g., chronic steroid use) 3. Severe osteoarthritis (grade III or IV) 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain) 5. Severe instability as noted on physical examination of knee".

Decision rationale: This patient presents with lower back, bilateral hips, left shoulder, and right knee pain. The treater is requesting a right custom knee brace. The ACOEM Guidelines page 304 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more of emotional than medical. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG further states that 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. For custom-fitted knee brace, ODG requires specific problems with the knee contour, skin, or severe osteoarthritis. The progress report dated 07/18/2014 documents, "Patient with increased right knee pain and decreased range of motion due to pain along with right knee instability." While the treater notes "instability", the patient does not present with any of the conditions mentioned by the ACOEM and ODG Guidelines that would support the use of a custom-fitted brace. The request is not medically necessary.