

Case Number:	CM14-0153019		
Date Assigned:	09/23/2014	Date of Injury:	05/16/2014
Decision Date:	10/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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 Preventive 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:

According to the records made available for review, this is a 51-year-old male with a 5/16/14 date of injury. At the time (9/10/14) of the Decision for 1 Knee Brace, there is documentation of subjective (low back pain radiating to right leg and left wrist pain radiating to fingers) and objective (minimal decreased range of motion to right knee, tenderness to palpation over medial knee with spasms, and positive apley's compression test) findings, current diagnoses (displacement of lumbar intervertebral disc without myelopathy, myalgia and myositis, wrist sprain, neck sprain, and derangement of knee), and treatment to date (medications, chiropractic therapy, and physical therapy). There is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; that the patient is going to be stressing the knee under load; and abnormal limb contour (Valgus [knock-kneed] limb, Varus [bow-legged] limb, Tibial varum, Disproportionate thigh and calf (large thigh and small calf), or Minimal muscle mass on which to suspend a brace); Skin changes (Excessive redundant soft skin, Thin skin with risk of breakdown (chronic steroid use), Severe osteoarthritis (grade III or IV), Maximal off-loading of painful or repaired knee compartment (heavy patient; significant pain), or Severe instability as noted on physical examination of knee).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

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

Decision rationale: MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. ODG identifies documentation of abnormal limb contour (such as: Valgus [knock-kneed] limb, Varus [bow-legged] limb, Tibial varum, Disproportionate thigh and calf (e.g., large thigh and small calf), or Minimal muscle mass on which to suspend a brace); Skin changes (such as: Excessive redundant soft skin, Thin skin with risk of breakdown (e.g., chronic steroid use), Severe osteoarthritis (grade III or IV), Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), or Severe instability as noted on physical examination of knee), as criteria necessary to support the medical necessity of custom-fabricated knee braces. Within the medical information available for review, there is documentation of diagnoses of displacement of lumbar intervertebral disc without myelopathy, myalgia and myositis, wrist sprain, neck sprain, and derangement of knee. However, there is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that the patient is going to be stressing the knee under load. In addition, despite documentation of right knee pain and decreased range of motion, there is no documentation of abnormal limb contour (Valgus [knock-kneed] limb, Varus [bow-legged] limb, Tibial varum, Disproportionate thigh and calf (large thigh and small calf), or Minimal muscle mass on which to suspend a brace); Skin changes (Excessive redundant soft skin, Thin skin with risk of breakdown (chronic steroid use), Severe osteoarthritis (grade III or IV), Maximal off-loading of painful or repaired knee compartment (heavy patient; significant pain), or Severe instability as noted on physical examination of knee). Therefore, based on guidelines and a review of the evidence, the request for 1 Knee Brace is not medically necessary.