

Case Number:	CM14-0167679		
Date Assigned:	10/15/2014	Date of Injury:	11/08/2012
Decision Date:	11/18/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 59-year-old female with a 11/8/12 date of injury. At the time (9/8/14) of the Decision for Bilateral patellar braces, there is documentation of subjective (bilateral knee, shoulder, and thumb pain) and objective (tenderness to palpation over patellofemoral joint with popping as well as snapping, mild swelling with decreased knee range of motion of bilateral knee, positive patellar grind test, and tenderness to palpation over left shoulder) findings. The current diagnoses include bilateral shoulder impingement, bilateral chondromalacia of patella rule out internal derangement of the knees, and bilateral carpometacarpal arthritis. The treatment to date includes physical therapy, home exercise program and medications. There is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability; and 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:

Bilateral patellar braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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: The MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial 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 bilateral shoulder impingement, bilateral chondromalacia of patella rule out internal derangement of the knees, and bilateral carpometacarpal arthritis. However, there is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability; and that the patient is going to be stressing the knee under load. In addition, despite documentation of bilateral knee pain and swelling with 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 Bilateral patellar braces is not medically necessary.