

Case Number:	CM14-0174769		
Date Assigned:	10/27/2014	Date of Injury:	07/05/1994
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/21/2014

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 63-year-old male who reported an injury when he was struck in the right knee by a motorized cart on 07/05/1994. On 09/04/2014, his diagnoses included status post right total knee revision arthroplasty, residual soft tissue and ligamentous weakness of the right knee, progressive laxity of left total knee arthroplasty, right thigh and right leg pain, secondary to unsatisfactory/inadequate fit of current top shelf OTC right leg brace, severe deconditioning of both lower extremities (and the patient in general) secondary to industrial injuries and cumulative trauma, and hypertension. It was noted that he was status post a total of 7 right knee surgeries including 4 arthroscopic and 3 right knee replacements and status post a total of 3 left knee surgeries including 2 arthroscopic and 10 year status post left knee replacement. His complaints included increased pain and functional difficulties with the current postop knee brace. He had been re-evaluated by the brace company representative. Attempts to modify and adequately remedy the problem had failed. He complained of tingling and a decreased sensation over the anterior aspect of the right knee and soreness at the top of the current knee brace just above the strap on the anterior side of his thigh. He also complained of pain just below the third strap in his brace which was just below the tibial tubercle level. His most recent revision of a right knee total arthroplasty was in 03/2014. He was placed in a postoperative knee brace with the understanding that he would wear this for the first 3 to 6 months and is currently 8 months post surgery. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: ACL-type brace, fitted with a PACMED: Upheld

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

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

Decision rationale: The request for associated surgical service: ACL type brace, fitted with a PACMED is not medically necessary. The California ACOEM Guidelines recommend that a knee brace can be used for patellar instability, anterior cruciate ligament tear or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee underload, such as climbing ladders or carrying boxes. With the average patient, using a brace is usually unnecessary. This worker underwent a knee arthroplasty revision in 03/2014 with the understanding that he would wear a brace for 3 to 6 months postoperatively. His current brace did not provide the therapeutic benefit for which it was intended. He is now 8 months post surgery which is past the recommended timeframe of usage. Additionally, the request did not specify right or left leg. The need for a knee brace was not clearly demonstrated in this submitted documentation. Therefore, this request for associated surgical service: ACL type brace, fitted with PACMED is not medically necessary.