MAXIMUS Federal Services

Case Number:	CM14-0177046		
Date Assigned:	10/30/2014	Date of Injury:	07/28/2010
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 59 year old male who had a work injury dated 7/28/10.The diagnoses include knee left knee arthroscopy; partial medial and lateral meniscectomy and patellofemoral chondroplasty on 1/1/13; lumbar spinal stenosis.Under consideration are requests for a KO (knee orthosis) adj jnt pos rigid support. There is a 10/6/14 document which states that the patient has constant knee pain which is 9/10. On exam the left knee joint severe. There is subluxation at the let knee joint. The left knee joint is fixed. The treatment plan states that will be interferential unit a hot cold unit and a knee brace for home use. He will be referred to an MRI diagnostic study and a pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

KO Adj Jnt POS Rigid Support: 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): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee-knee brace

Decision rationale: KO adj jnt pos rigid support is not medically necessary per the MTUS and the ODG guidelines. The MTUS guidelines state that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The ODG states that a 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 [knock-kneed] limb; b. Varus [bow-legged] limb; c. Tibial varum; 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. The documentation does not indicate that the patient has knee instability. The documentation states that the knee brace is requested for home use not work use and it is unclear why the patient requires this for home use. The documentation does not indicate that the patient will be stressing the knee under load or that the patient is participating in a home exercise or other rehabilitation program. The patient does not meet the criteria recommended by the ODG for custom fabricated knee orthoses. There are no objective imaging studies available for review indicating a ligamentous tear. The request for KO adj jnt pos rigid support is not medically necessary.