

Case Number:	CM14-0204615		
Date Assigned:	12/11/2014	Date of Injury:	11/07/2007
Decision Date:	12/17/2014	UR Denial Date:	11/13/2014
Priority:	Expedited	Application Received:	12/08/2014

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 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 67-year-old male who reported an injury on 11/07/2007. The mechanism of injury was not submitted for clinical review. The diagnoses included bilateral knee derangement, lately more symptomatic on the left, right shoulder impingement, cervical strain, lumbar strain, and depression. Previous treatments were not submitted for clinical review. Diagnostic tests were not submitted for clinical review. Within the clinical documentation dated 10/15/2014, it was reported the injured worker complained of neck pain, back pain, bilateral knee pain, and right shoulder pain. The physical therapy revealed cracking and crepitation of the bilateral knees, worse on the left. There was patellofemoral pain noted on the physical examination. The injured worker had difficulty with kneeling and squatting. There was tenderness and tightness of the cervical spine and lumbar spine. The provider requested knee braces; however, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Made Left Knee Brace - Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria For The Use Of Knee Braces.

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

Decision rationale: The request for custom made left knee brace - purchase is not medically necessary. The California MTUS/ACOEM Guidelines state a knee brace can be used for patella instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional, such as increase in 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, 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 clinical documentation submitted lacked significant evidence of patella instability, anterior cruciate ligament tear, or medial collateral ligament instability. There was lack of documentation indicating the patient would be stressing the knee under load, with climbing ladders, or carrying boxes. Therefore, the request for Custom Made Left Knee Brace - Purchase is not medically necessary.

Custom Made Right Knee Brace - Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria For The Use Of Knee Braces.

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

Decision rationale: The request for custom made right knee brace - purchase is not medically necessary. The California MTUS/ACOEM Guidelines state a knee brace can be used for patella instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional, such as increase in 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, 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 clinical documentation submitted lacked significant evidence of patella instability, anterior cruciate ligament tear, or medial collateral ligament instability. There was lack of documentation indicating the patient would be stressing the knee under load, with climbing ladders, or carrying boxes. Therefore, the request for Custom Made Right Knee Brace - Purchase is not medically necessary.