

Case Number:	CM14-0020279		
Date Assigned:	04/25/2014	Date of Injury:	05/19/2009
Decision Date:	07/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Spine 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 52-year-old male who sustained an injury to his left knee on 05/19/09 while carrying a 100 pound machine; he tripped and fell, twisting his right knee. The injured was diagnosed with tri-compartmental disease and internal derangement of the bilateral knees. There were no prior surgeries documented. Diagnostic testing included a left knee MRI dated 02/01/11 which revealed tri-compartment degenerative joint disease, severe in the lateral compartment; there was an oblique tear involving the body of the medial meniscus and horizontal tear involving the body of the lateral meniscus; full thickness tear of the femoral attachment of the interior cruciate ligament; moderate joint effusion; heterogenous moderate Baker's cyst. Right knee MRI dated 07/16/09 revealed tri-compartmental osteoarthritis with severe osteoarthritis involving the medial joint compartment; advanced chondromalacia involving articular cartilage overlying the posterior weight; avascular necrosis involving the posterior weight-bearing aspect of the medial femoral condyle and medial tibial plateau; dysmorphic attenuated medial meniscus was noted, suspect for a cronically torn medial meniscus; there was an ACL tear, most likely chronic; small joint effusion and a popliteal cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PURCHASE OF KNEE ORTHOSIS (KO), ELASTIC WITH JOINTS, PREFABRICATED X2, LEFT/RIGHT KNEE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg Chapter, Knee Brace.

Decision rationale: The Official Disability Guidelines (ODG) states there are no high-quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, MCL instability, but in some injured workers the brace can increase confidence which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the injured worker is going to be stressing the knee under load. There was no indication that the injured worker was currently undergoing physical therapy at the time of the request and there was no information provided that indicates that the injured worker was actively participating in a home exercise program. Given the clinical documentation submitted for review, medical necessity of the request for retrospective purchase of knee orthosis (KO), elastic with joints, prefabricated times two, left/right knee has not been established. The request is not medically necessary and appropriate.