

Case Number:	CM14-0029915		
Date Assigned:	06/20/2014	Date of Injury:	10/28/2008
Decision Date:	10/31/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 Occupational Medicine, has a subspecialty in Environmental Medicine and is licensed to practice in Colorado. 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 worker is a 50-year-old who was injured on October 28, 2008 after falling off of his truck. He developed multiple post injury problems including knee pain. He underwent MRI scan and arthroscopy of the left knee on February 21, 2011 subsequently. He eventually also developed right knee pain and was ultimately diagnosed with advanced osteoarthritis bilaterally. An MRI scan in October 2010 revealed a medial meniscus tear and grade 2 chondromalacia with a chondral defect over the lateral patellar facet. Recent weight bearing x-rays showed medial compartment joint space narrowing. Symptoms included patellofemoral crepitation and joint line tenderness and motion of 0-130. The worker also underwent viscosupplementation injections to the left knee on June 14, 2012 and 3 right knee injections between March 2012 and November 7, 2013. The worker's medical provider has requested bilateral "rebounder" knee braces. A utilization review on October 25, 2014 did not certified these braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of 1 set of bilateral rebound knee braces: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Aetna Clinical Policy Bulletin, Orthopedic Casts, Braces and Splints Number: 0009, http://www.aetna.com/cpb/medical/data/1_99/0009.html

Decision rationale: The injured worker is not documented to have ligamentous instability of the knees. The worker is documented to have medial compartment degenerative joint disease. The MTUS provides criteria for knee bracing to manage knee symptomology on page 340 such that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. Also, the MTUS provides that usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladder his work carrying boxes and that for the average patient, using a brace is usually necessary. The MTUS does not provide specific medical necessity criteria regarding the use of knee bracing for degenerative joint disease. According to the Aetna Clinical Policy Bulletin, #0009, Orthopedic Casts, Braces and Splints, II. Knee Braces, section A. Functional Knee Braces and Rehabilitation Braces, subsection #4, knee orthoses with varus or valgus adjustment are considered medically necessary for ambulatory persons with moderate to severe unicompartmental osteoarthritis. Additionally, this clinical policy bulletin, section B. Prophylactic Knee Braces, states that prophylactic knee braces are designed to reduce the likelihood or severity of knee ligament injuries in a relatively normal (stable) knee however prophylactic knee braces are considered experimental and investigational where the American Academy of Orthopedic Surgeons has concluded that prophylactic bracing has not been proven to be effective and, in some cases, may actually contribute to knee injury. In this case, there is no documentation of ligamentous instability and the available information appears to suggest that the intent is to prescribe the bilateral knee braces for either prophylaxis from a ligamentous injury, and/or for symptomatic relief, or prophylactic effect, for the worker's medial compartment degenerative joint disease. The available documentation states that the worker would like to avoid future surgery. There is insufficient documentation that the bilateral rebounder knee braces have a functional design that is intended for medial compartment unloading. With these factors in mind, the bilateral rebounder knee braces are not considered medically necessary or appropriate.