

Case Number:	CM14-0050900		
Date Assigned:	07/07/2014	Date of Injury:	06/03/2013
Decision Date:	09/15/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 55-year-old male with date of injury of 06/03/2013. The listed diagnoses per Dr. [REDACTED] dated 03/20/2014 are: bilateral knee internal derangement, secondary sleep deprivation, secondary stress and anxiety, MRI of the right 09/9/2013 indicating tri-compartmental osteoarthritic changes, posterior horn of medial meniscus most consistent with intrasubstance degeneration, MRI of the left knee 09/09/2013 indicating osteoarthritic changes, globular increased signal in anterior horn of lateral meniscus most consistent with intrasubstance degeneration. According to this report, the patient complains of bilateral knee pain with right greater than the left. The pain is constant, sharp, stabbing that increases with bending especially with sitting. He complains of numbness and tingling from the knees to his feet with burning sensation. The pain migrates into his calves and ankle. The patient also reports sleep deprivation, stress, and anxiety related to pain. The physical examination shows motor strength of the knees is 5/5 on the left and 4/5 on the right upon extension, 4/5 on the left and 5/5 on the right upon flexion. There is tenderness to palpation in the medial joint spaces and inferior aspect of the patella bilaterally. Varus test and valgus stress test are positive bilaterally. The utilization review denied the request on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Non-corrosive finish w suspension wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Knee & Leg.

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 BracingODG-TWC guidelines has the following regarding knee bracing:(<http://www.odg-twc.com/odgtwc/knee.htm#Kneebrace>).

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting a left non-corrosive finish with suspension wrap. The ACOEM Guidelines page 304 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more of emotional than medical. In all cases, braces need to be properly fitted in combine with the rehabilitation program. ODG further states that braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. For prefabricated knee braces, ODG indications are: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, and tibial plateau fracture. This patient does not present with any of these diagnosis that would qualify for a knee brace. MRI shows meniscal degeneration but no articular defect repair. MRI showed tricompartmental arthritis but the treater does not describe "painful unicompartmental OA." Therefore, the request is not medically necessary.

left oactive OTS KBR off the shelf single upright brace condyle pad lower/upper: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Knee & Leg.

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 BracingODG-TWC guidelines has the following regarding knee bracing:(<http://www.odg-twc.com/odgtwc/knee.htm#Kneebrace>).

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting a left OActive OTS KBR off-the-shelf single upright brace condyle pad lower/upper line. The ACOEM Guidelines page 304 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more of emotional than medical. In all cases, braces need to be properly fitted in combine with the rehabilitation program. ODG further states that braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. For prefabricated knee braces, ODG indications are: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, and tibial plateau fracture. This patient does not present with any

of these diagnosis that would qualify for a knee brace. MRI shows meniscal degeneration but no articular defect repair. MRI showed tricompartmental arthritis but the treater does not describe "painful unicompartmental OA." Therefore, the request is not medically necessary.

liner non-corrosive finish suspension wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Knee & Leg.

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 BracingODG-TWC guidelines has the following regarding knee bracing:(<http://www.odg-twc.com/odgtwc/knee.htm#Kneebrace>).

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right oactive OTS KBR-off shelf single upright brace condyl pad upper/lower line: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Knee & Leg.

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 BracingODG-TWC guidelines has the following regarding knee bracing:(<http://www.odg-twc.com/odgtwc/knee.htm#Kneebrace>).

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