

Case Number:	CM14-0053079		
Date Assigned:	07/07/2014	Date of Injury:	02/23/2012
Decision Date:	09/10/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 61-year-old male who reported an injury on 02/23/2014 due to cumulative trauma. The injured worker's diagnoses were osteoarthritis unspecified in the lower extremities, pain in the joint of the lower leg, bilateral hip mild arthrosis, bilateral knee end stage arthrosis worse on the right, and status post right knee replacement. The injured worker's prior treatments included physical therapy, manipulation, and acupuncture. The injured worker described ongoing pain in the bilateral knees that also reduced range of motion of his knees. The injured worker complained of aching in the bilateral knees after sitting and then standing up. On physical examination dated 06/24/2014, there was tenderness to palpation over the anterior medial aspect of the right knee. The injured worker was unable to completely extend his right leg at the end of range of motion and ambulated with an antalgic gait on the right. The injured worker's medications were Tylenol #3 and Norco. The provider's treatment plan was to continue with home exercises and request a right knee brace extension-bracing device. The rationale for the request was the injured worker had failed to make significant improvement with physical therapy, and feels that the injured worker would benefit with the use of the extension bracing. The request for authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee extension bracing device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Static progressive stretch therapy.

Decision rationale: The request for right knee extension bracing device is non-certified. According to the Official Disability Guidelines the criteria for use of knee brace are mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks when used for one of the following conditions which include joint stiffness caused by immobilization, established contractures when passive range of motion is restricted and healing soft tissue that can benefit from constant low-intensity tension. Appropriate candidates include patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis. It is used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. The injured worker's current complaints were continuous pain to his lower back with bilateral hip pain as well as bilateral knee pains with reduced range of motion in his knees. There was documentation that the clinical provider instructed the injured worker to continue performing home exercise for his bilateral knees aimed at decreasing the pain and inflammation and increasing the range of motion and feeling of stability and increasing his strength and endurance. There was documentation in the clinical record indicating that the injured worker attended physical therapy and was failing to progress. While an extension-bracing device would be supported given the failure of an adequate course of therapy, the request as submitted failed to provide whether it was being requested as a rental or purchase. Guidelines would support rental over purchase. Therefore, the request for Right knee extension bracing device is not medically necessary.