

Case Number:	CM14-0079825		
Date Assigned:	07/18/2014	Date of Injury:	09/21/2007
Decision Date:	09/23/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/30/2014

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 General 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 58-year-old male who sustained a work-related injury on 09/21/2007 when he fell backwards while walking on a slippery concrete floor. The claimant complains of left knee pain. There was a MRI of the left knee in 12/2012 which documents no marked osteoarthritis or meniscal injuries. Increase in signal intensity of the anterior lateral meniscus while the posterior horn and entire medial menisci are noted as normal. In an agreed medical re-examination dated 04/11/2013, the injured worker presented with complaints of constant bilateral knee pain, left greater than right especially walking. The injured worker reported that his left knee pain constantly radiates to his to his left hip, shin and foot. There is greater swelling, popping, cracking, weakness, limited motion and giving away in his bilateral knees, left worse than right. Dragging of the left knee, leg and foot noted when he walks. The injured worker states that sometimes he cannot walk due to his lower extremity pain. Symptoms have increased since the last time he was seen. Knees are beginning not to hold up the injured workers' body weight. Depression is noted over anxiety, medication intake has increased and the injured worker receives individual counseling twice a month. A request was made for knee orthoses elastic with condylar pads and joints and was not certified on 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for KO (knee orthoses) elastic with condyle pads and joints pre-fabricated dispensed 12/6/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg chapter regarding Knee braces.

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.

Decision rationale: The documentation provided does not support the medical necessity of the requested knee orthopedic appliance, KO (knee orthoses) with elastic condylar pads and joints. The requested Durable Medical Equipment is a Prefabricated knee braces which may be considered medically necessary in patients with one of the following conditions: 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 osteoarthritis or Tibial plateau fracture. Having documented none of these conditions the MRI of the left knee of 12/2012 reveals no arthritic conditions, the cartilaginous surfaces were intact, ligaments were intact and only mild globular signal intensity of the anterior horn of the lateral meniscus, while the medial and posterior lateral menisci were normal. The only orthopedic positive was Apley grind test. There is no crepitation on physical exam. Therefore the claimant has no conditions which would be treated by the Knee Orthotic (KO) elastic. This remains not medically necessary.