

Case Number:	CM14-0085985		
Date Assigned:	07/23/2014	Date of Injury:	12/31/2001
Decision Date:	09/16/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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, 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:

According to the records made available for review, this is a 66-year-old female with a 12/31/01 date of injury, and status post right knee arthroplasty 06. At the time (5/13/14) of request for authorization for left knee brace and right knee brace, there is documentation of subjective (worsening pain in the bilateral knees, patient has been falling a lot recently) and objective (bilateral knee bilateral joint line tenderness) findings, current diagnoses (internal derangement of knee not otherwise specified), and treatment to date (medications and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Knee braces.

Decision rationale: MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and

combined with a rehabilitation program. ODG identifies documentation of 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, and/or tibial plateau fracture as criteria necessary to support the medical necessity of prefabricated knee braces. Within the medical information available for review, there is documentation of diagnosis of internal derangement of knee not otherwise specified. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective and imaging findings) for which a knee brace would be indicated. Therefore, based on guidelines and a review of the evidence, the request for left knee brace is not medically necessary.

Right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Knee braces.

Decision rationale: MTUS reference to ACOEM Guidelines identifies that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability; and that a brace is necessary only if the patient is going to be stressing the knee under load. In addition, MTUS identifies that braces need to be properly fitted and combined with a rehabilitation program. ODG identifies documentation of 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, and/or tibial plateau fracture as criteria necessary to support the medical necessity of prefabricated knee braces. Within the medical information available for review, there is documentation of diagnosis of internal derangement of knee not otherwise specified. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective and imaging findings) for which a knee brace would be indicated. Therefore, based on guidelines and a review of the evidence, the request for right knee brace is not medically necessary.