

Case Number:	CM13-0061909		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2012
Decision Date:	02/13/2015	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedic Surgery, has a subspecialty in Sports Medicine 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 injured worker is a 54-year-old female who reported an injury on 07/25/2012. Her relevant diagnoses include medial compartment degenerative joint disease and patella femoral degenerative joint disease of the right knee. Her past treatment was noted to include medication, work restrictions and physical therapy. Diagnostic studies included an x-ray performed on 10/28/2013, which revealed medial compartment degenerative joint disease and patellofemoral spurring of 2 mm to the right knee. Her surgical history was noted to include tubal ligation in 1988 and a tonsillectomy in 1976. The most recent physician progress report submitted was dated 10/28/2013, and indicated that the patient presented with complaints of right knee pain. Physical examination of the right knee revealed positive medial and patellofemoral joint line tenderness with range of motion of extension to 0 degrees and flexion to 92 degrees. Positive patellofemoral compression and patellofemoral crepitation were also noted with a positive Apley's and positive McMurray's sign test. Motor strength was rated 5/5 bilateral over lower extremities with sensation to light touch intact in the bilateral lower extremities. Her relevant medications were noted to include tramadol and Coumadin; dosages and frequencies were not specified. The treatment plan included a prescription for Norco, dosage and frequency not specified; and the request for medial uploader brace for the right knee. The rationale for the request and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT OACTIVE KNEE BRACE MEDIAL UNLOADER WITH VQ ORTHO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Unloader braces for the knee.

Decision rationale: The request for right oactive knee brace medial unloader with VQ ortho is not medically necessary. The California MTUS/ACOEM guidelines do not address the use of medial unloader knee braces. The Official Disability Guidelines recommend unloader braces for the knee. Guidelines state unloader braces are designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in a valgus position in order to unload the compressor forces on the medial compartment. While the clinical documentation submitted indicated that the patient had a diagnosis of degenerative joint disease in the right knee; there was no documentation to indicate a diagnosis of osteoarthritis. Additionally, the most recent clinical documentation submitted was dated 10/28/2013, and there was no recent clinical documentation submitted documenting a diagnosis of osteoarthritis, or indicating that there was significant pathology or exceptional factors to establish medical necessity for the request. As such, the request for right oactive knee brace medial unloader with VQ ortho is not medically necessary.