MAXIMUS Federal Services

Case Number:	CM14-0018789		
Date Assigned:	04/18/2014	Date of Injury:	09/15/2013
Decision Date:	01/05/2015	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 Pain Management 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 36-year-old female with date of injury of 09/15/2013. The listed diagnoses from 12/27/2013 are: Left shoulder arthralgia, Left wrist arthralgia, Left hip arthralgia, Left knee arthralgia and Left ankle arthralgia. According to this report the patient complains of left shoulder, left wrist, left hip, left knee, and left ankle pain. The examination shows that patient walks with a limp. She has a painful patellofemoral range of motion with crepitation. The patient does have tenderness in the medial greater then lateral aspect of the joint line. There is a 2+ popliteal pulse. The MRI of the left knee from 10/16/2013 showed mild soft tissue edema overlying the medial supporting structures, was notably at the distal aspect of the tibial collateral ligament, consistent with grade I ligamentous sprain of the medial collateral ligament complex. The documents include an MRI of the left knee from 10/16/2013 that revealed swelling and progress reports from 09/23/2013 to 12/27/2013. The utilization review denied the request on 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Wraparound Hinged Knee Brace: 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), Knee, Criteria for the use of Knee Braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg Chapter for Knee Brace.

Decision rationale: This patient presents with left knee pain. The provider is requesting a DME Wrap around Hinged Knee Brace. 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 and combined with a 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. The criteria for prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructive ligament and articular defect repair. The records show that the treating physician made the request on 12/27/2013. The MRI of the left knee from 10/16/2013 does not show patellar instability, anterior cruciate ligament tear or medial collateral ligament instability that would warrant the usage of a knee brace. In this case the treating physician has not provided sufficient documentation to satisfy the guideline recommendations. Therefore, this request is not medically necessary.