

Case Number:	CM14-0189352		
Date Assigned:	11/20/2014	Date of Injury:	05/08/2014
Decision Date:	01/08/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/13/2014

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 Family Medicine and is licensed to practice in Colorado. 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 41 year old female with date of injury on 5/8/2014. She continues under her doctor's care. Her complaints include bilateral knee pain and right ankle pain. She is maintained on non-steroidal anti-inflammatory drugs, and participates in chiropractic care with some benefit. The records do not indicate a specific diagnosis causing the patient's knee pain, and x-rays are normal. The treating physician requests retrospective approval for neoprene right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (1) Purchase of Neoprene brace for the right knee, dispensed on 10/02/14, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, www.odg-twc.com;section Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 631-632. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Occupational Medicine Practice Guidelines pages 340 and 346

Decision rationale: Per the ACOEM, knee braces can be used in some cases of knee arthritis, though quality studies are lacking that prove benefit. Knee braces can be "off-loader" braces that reduce force on the joint, or knee sleeves (neoprene) that provide less support. Per the MTUS practice guidelines, bracing may be helpful for the following diagnoses: patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. However, even for those diagnoses, braces and sleeves have no clinically proven benefit. "Off-loader" braces do have some evidence to suggest they are superior to sleeves for stability, though it is not considered high quality evidence. There is insufficient evidence to recommend devices, including braces, to improve function, though bracing could be considered as part of an overall plan to improve function. Knee sleeves specifically have been studied in "moderate quality trials" and no benefit found, so knee sleeves (also referred to as neoprene brace) are not recommended. For the patient of concern, the records do not specify a diagnosis for the knee that would warrant bracing at all, based on the guidelines. Furthermore, neoprene sleeve / brace is not recommended regardless of diagnosis due to lack of evidence of efficacy. The request for neoprene brace is not medically indicated.