

Case Number:	CM14-0191412		
Date Assigned:	12/24/2014	Date of Injury:	03/21/2003
Decision Date:	01/26/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 55 year old male with an injury date of 03/21/03. Based on the 10/13/14 progress report provided by treating physician, the patient complains of bilateral knee pain. Patient ambulates with a cane and wears bilateral knee braces. Physical examination to the left knee revealed edema and tenderness to infrapatellar and suprapatellar area at the medial joint line. Range of motion was painful and decreased, flexion 90 and extension 175 degrees. Patient is temporarily totally disabled. MRI of the Left Knee 04/11/12, per progress report dated 01/06/14, mild to moderate osteoarthritis, mild thinning of the anterior cruciate ligament, prior partial meniscectomies noted. MRI of the Right Knee 04/11/12, per progress report dated 01/06/14, moderate chondromalacia throughout the knee, patella joints effected, intact anterior cruciate ligament, small swelling meniscal tear noted. Diagnosis 10/13/14, status post bilateral knees x5, upper extremity radiculopathy with loss of range of motion of the cervical spine, lumbar spine herniated nucleus pulposus with radiculopathy and weakness into lower extremities, internal derangement of knees right and left, refractory depression, anxiety, and stress, currently receiving treatment. Hypertension, sleep deprivation and sexual dysfunction, cardiac condition, heart attack three to four months due to stress, etc. The utilization review determination being challenged is dated 11/04/14. The rationale is "there is no indication as to whether or not these are generic or off-the-shelf or custom made braces. Moreover, there is no indication as to whether they were effective in the past." Treatment reports were provided from 01/06/14 - 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee brace XXL: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web), 2014, Knee and Leg, Durable medical equipment (DME)

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 under Knee Brace.

Decision rationale: The patient presents with bilateral knee pain. The request is for BILATERAL KNEE BRACE XXL. Patient is status post bilateral knees x 5. Patient's diagnosis on 10/13/14 included internal derangement of knees right and left; and lumbar spine herniated nucleus pulposus with radiculopathy and weakness into lower extremities. Physical examination to the left knee revealed edema and tenderness to infrapatellar and suprapatellar area at the medial joint line. Range of motion was painful and decreased, flexion 90 and extension 175 degrees. Patient is temporarily totally disabled. ACOEM page 304 recommends "knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." ODG, Knee and Leg Chapter under Knee Brace, does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." Treater has not provided reason for the request. UR letter dated 11/04/14 states "there is no indication as to whether or not these are generic or off-the-shelf or custom made braces. Moreover, there is no indication as to whether they were effective in the past..." MRI of the Left Knee 04/11/12, per progress report dated 01/06/14 revealed prior partial meniscectomies noted. MRI of the Right Knee 04/11/12, per progress report dated 01/06/14 revealed moderate chondromalacia throughout the knee, patella joints effected; and small swelling meniscal tear. In this case, the patient has undergone 5 bilateral knee surgeries and has some residual loss of motion. Patient ambulates with a cane and wears bilateral knee braces. Given the patient's diagnosis and guideline support, the requested bilateral knee brace IS medically necessary.