

Case Number:	CM14-0193857		
Date Assigned:	12/01/2014	Date of Injury:	06/23/2002
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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 Occupational 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 female with date of injury 6/23/2002. Per primary treating physician's progress report dated 10/27/2014, the injured worker was administered three Synvisc injections in September and October 2014. She notes significant benefit to her left knee following these injections. She also complains of right knee pain and has finished a series of right knee injections in August 2014. She also complains of muscle spasm in the legs secondary to chronic limp and altered gait. Examination of the bilateral knees reveals effusion, crepitus and tenderness to palpation. Range of motion of the right knee is flexion 109 degrees and extension 0 degrees. Range of motion of the left knee is flexion 123 degrees and extension 0 degrees. Examination of the left ankle reveals faint surgical scar. There is tenderness to palpation present over the anterior lateral aspect of the foot. Diagnoses include 1) left knee contusion, sprain, strain with MRI on 4/20/2005 revealing tear of the posterior horn of the medial meniscus and posterior horn of the lateral meniscus and degenerative joint disease 2) right knee contusion, sprain, strain, with MRI on 10/2/2012 revealing tear of the anterior horn of the medial meniscus with degenerative changes 3) left ankle sprain, strain with history of muscle repair performed in April 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral O Active knee braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 349.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional 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. The injured worker has previously been approved for a BioniCare Knee System on 7/1/2014. The progress note dated 10/27/2014 indicates that the injured worker is to continue use of the BioniCare Knee System with the home exercise program. There is no narrative explanation of why the bilateral O Active Knee Braces are indicated. The injured worker is currently on the same modified work restrictions that include no lifting over 5 pounds, no repetitive bending or stooping, minimal standing and walking, and no kneeling or climbing. The history and exam does not indicate that there is instability of the knees. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for 1 bilateral O Active knee braces is determined to not be medically necessary.