MAXIMUS Federal Services

Case Number:	CM14-0203218		
Date Assigned:	12/15/2014	Date of Injury:	05/07/2012
Decision Date:	02/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/04/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is an Iron Worker who has a history of a work injury occurring on 05/07/12 when he developed bilateral knee pain. Treatments included left knee arthroscopy in 2013. He has not returned to work. He was seen on 05/21/14. He was wearing a custom left knee brace and right knee stabilizer brace. He was having frequent buckling of the left knee possibly due to pain. Pain was radiating to his foot. He had completed physical therapy. Additional testing was pending. Pain was rated at 5-6/10. Medications were Neurontin, Zorvolex (diclofenac), sertraline, and BuSpar. Physical examination findings included full knee range of motion. He had bilateral joint line tenderness. He had pain with knee extension. Gabapentin and tramadol were prescribed. There was consideration of acupuncture treatments. On 07/07/14 he was wearing a functional left knee brace. He had been told to stop wearing the right knee stabilizer brace. He was having ongoing left knee buckling. Pain was rated at 5-6/10. His medications were adjusted. On 10/02/14 his left knee brace was falling apart. He was having ongoing symptoms. He had developed drowsiness with Neurontin and the dose was decreased. Omeprazole was prescribed. A new knee brace was requested. On 10/30/14 he had not received the new knee brace. Pain was rated at 3-4/10. Physical examination findings appear unchanged. Authorization for acupuncture was requested. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side large shields II knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute and Chronic), Knee Brace

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for chronic knee pain. Treatments have included physical therapy, acupuncture, medications, arthroscopic surgery, and bracing. His knee brace has worn out. He has buckling of the knee.Although there are no high quality studies that support or refute the benefits of knee braces for patellar instability, in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In this case, the claimant has already had physical therapy and would be expected to be able to use the requested brace in combination with a self-directed home exercise program. Therefore, the requested knee brace was medically necessary.