

Case Number:	CM14-0203729		
Date Assigned:	12/16/2014	Date of Injury:	12/15/2011
Decision Date:	02/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal 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 patient is an injured worker with the diagnoses of anterior knee pain secondary to patellofemoral dysfunction, patellofemoral instability, tricompartmental osteoarthritis of the knees, and gait instability. Patellar tracking orthosis PTO knee brace was recommended to stabilize the patellofemoral mechanism and give more stability with standing and walking activities. Regarding the mechanism of injury, the right lower extremity was struck by a loaded dolly. Date of injury was December 15, 2011. The progress noted dated October 27, 2014 documented bilateral knee pain. The pain had been high and consistent and frequent. Valgus deformity was noted. Knee motor strength was weak. Positive patella compression test and positive J sign were noted. Laxity with varus and valgus stress of the knees. Gait is antalgic. Diagnoses included anterior knee pain secondary to patellofemoral dysfunction, patellofemoral instability, tricompartmental osteoarthritis of the knees, and gait instability. Patellar tracking orthosis PTO knee brace was recommended to stabilize the patellofemoral mechanism and give more stability with standing and walking activities. The patient has bilateral knee pain. Pain has been high and is consistent and frequent. The pain is constant with prolonged standing and walking. The pain as a burning, achy, throbbing sensation. She has been having pain on the top of her right foot, but it is bearable. She has pain in her right hip and trochanteric region, which is worse with lying on her side, sitting, standing, and walking for extended periods of time, and going up and down stairs, is problematic. She denies any fever, chills, nausea, vomiting, or vertigo. No known drug allergies was noted. The patient is well-nourished and well-developed. The patient is awake, alert, and oriented appropriately to person, place, time, and event and is in moderate distress secondary to pain. The patient has complexities in relationship to diagnosed patellofemoral instability, moderate tricompartmental osteoarthritis of the knees which will be aggravated in the course of rehabilitation from any lower extremity surgical procedures which

there is going to be an offset in gait stability and subsequent to this, in order to favor the right lower extremity, there will be an increased amount of stress on the left lower extremity leading to precipitated aggravating underlying preexisting condition. Gait instability. The complexities and the domino effect of the musculoskeletal condition from overcompensation are significant. The patient needs to be aware of this, and subsequent to this, decisions regarding definitive surgical care needs to be taken into account. Treatment plan was documented. The patient will continue to focus on a self-directed home exercise program. Bilateral PTO patellar tracking orthosis braces to help stabilize the patellofemoral mechanism in order to give more stability with standing and walking activities was recommended. This will be an extension of conservative management along with a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Knee Patellar Tracking Orthosis Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Knee brace.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints states that activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. Official Disability Guidelines (ODG) indicate that knee braces are recommended for knee instability, ligament insufficiency / deficiency, painful unicompartmental osteoarthritis, abnormal limb contour, valgus, varus, varum, disproportionate thigh and calf, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, and severe instability of knee. The progress noted dated October 27, 2014 documented bilateral knee pain. The pain had been high and consistent and frequent. Valgus deformity was noted. Knee motor strength was weak. Positive patella compression test and positive J sign were noted. Laxity with varus and valgus stress of the knees. Gait is antalgic. Diagnoses included anterior knee pain secondary to patellofemoral dysfunction, patellofemoral instability, tricompartmental osteoarthrosis of the knees, and gait instability. Patellar tracking orthosis PTO knee brace was recommended to stabilize the patellofemoral mechanism and give more stability with standing and walking activities. The medical records present objective findings and provide support for the request for the knee brace per MTUS, ACOEM, and ODG guidelines. Therefore, the request for 1 Left Knee Patellar Tracking Orthosis Brace is medically necessary.