

Case Number:	CM14-0207648		
Date Assigned:	12/19/2014	Date of Injury:	10/10/2010
Decision Date:	02/23/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: District of Columbia, Virginia
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old patient who sustained injury on Oct 10 2010. She was noted to have injury following a slip and fall. She was treated with a brace, splint or sling, cold application and rest. She also had acupuncture and with exercise stretching and walking. She was found on Nov 26 2014 x-rays to have medial joint space narrowing, varus alignment, and minimal patellofemoral narrowing. She had an MRI on June 24 14 which showed a meniscal tear. She had ongoing issues with buttock pain and in the lower extremity. She underwent arthroscopic knee surgery and had ongoing pain issues. She was treated with a valgus producing unloader knee brace, visco supplementation and corticosteroid injection. She was diagnosed with post-traumatic arthritis knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valgus producing unloader knee brace, right knee, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg , Knee Brace.

Decision rationale: This patient had normal gain and healing scars from surgical manipulation but no abnormal physical findings on exam. It is not apparent, from the clinical documentation provided if a knee brace would be effected. Per ACOEM and ODG guidelines cited, this intervention would not be recommended. The principle of maximizing activities while recovering from a physical problem applies to knee problems as well as problems involving other parts of the body Non-weight-bearing exercises, such as swimming or floor exercises, can be carried out while allowing the affected knee to rest before undergoing specific exercises to rehabilitate the area at a later date. Weight-bearing exercises, as tolerated, can begin as soon as possible provided no exacerbation of structural damage will occur. Weight bearing helps avoid the adverse effects of non-weight- bearing, such as loss of muscle mass, loss of strength, and diffuse osteopenia. The knee disorders under discussion almost always can bear weight, as tolerated. For example, treatment could include a partial weight-bearing gait using crutches with the affected leg on the floor and with the weight distributed between crutches and leg by adjusting the amount of force applied with arms on the crutches. Even at the acute stage, however, patients can usually perform appropriate lower extremity exercises, and can remove the immobilizer for active range-of-motion exercises, at least twice a day. Using load-bearing exercises and movement is far more beneficial to the muscle, tendon, skeleton, and cartilage than is total rest, but it also is crucial to avoid overloading the knee. Activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. Patients with acute ligament tears, strains, or meniscus damage of the knee can often perform only limited squatting and working under load during the first few weeks after return to work. Patients with prepatellar bursitis should avoid kneeling. Patients with any type of knee injury or disorder will find prolonged standing and walking to be difficult, but return to modified-duty work is extremely desirable to maintain activities and prevent debilitation. A brace can be used 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. Therefore the request is not medically necessary.