

Case Number:	CM14-0211419		
Date Assigned:	12/24/2014	Date of Injury:	03/23/2012
Decision Date:	02/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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 injured worker (IW) is a 57-year-old-man with a date of injury of March 23, 2012. The mechanism of injury occurred as a result of a hyperflexion injury to the left knee when he fell while at work. MRI of the left knee identified a rupture of the left knee quadriceps. The IW underwent left knee quadriceps tendon repair on April 10, 2012. A repeat MRI of the left knee was repeated in November of 2012, which identified chondromalacia changes in the left knee. A second surgery was performed on February 28, 2013. The IW also complains of right knee pain, and lumbar spine pain. The IW received postoperative physical therapy, and the right knee became increasingly painful. Right knee arthroscopy surgery is scheduled to be performed on December 4, 2014. The injured worker's working diagnoses are industrial injury, left knee with quadriceps rupture and persistent pain, weakness, giving way episodes and chondromalacia; lumbar sprain with persistent pain and muscle spasms with findings of disc pathology; compensable consequence injury right knee due to chronic favoring of left side and alteration of gait with evidence of medial compartment and patellofemoral pain, MRI evidence of possible medial meniscal pathology. Pursuant to the progress note dated October 28, 2014, the IW complains of bilateral knee pain. The right knee does not give way. The left knee, however, does give way without warning. He does not use a brace on the right knee, but he does use a brace on the left knee that does improve stability with a decreased in insecurity and giving way on the left side. Examination of the bilateral knees reveals tenderness to direct palpation. In the right knee, the tenderness is more pronounced over the lateral joint margin. In the left knee, tenderness is more pronounced in the suprapatellar and lateral insertion of the quadriceps into the patella. Both knees are stable to anterior and posterior drawer testing as well as varus and valgus stress testing. Straight leg raise test is negative bilaterally. The current request is for a custom molded upright

knee brace for the left knee X 1, drop lock for the right side and left side of the knee X 2, and drop lock retainer for the right side and left side of the knee X 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom-molded Upright Knee Brace for the Left Knee x1 unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG the Knee Walking aids

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

Decision rationale: Pursuant to the Official Disability Guidelines, custom molded upright knee brace for the left knee times one is not medically necessary. Almost half of patients with knee pain is a walking eight. Disability, pain and age-related impairments seem to determine the need for a walking aid. The official disability guidelines enumerate the criteria for use of knee braces. There are two categories for knee braces. One is a prefabricated knee brace and the other is a custom fabricated knee brace. Prefabricated knee braces are indicated for knee instability, ligament insufficiency/deficiency, reconstructed ligament, articulate defect repair, etc. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are industrial injury, left knee with quadriceps rupture and persistent pain, weakness, giving way episodes and chondromalacia; lumbar sprain with persistent pain and muscle spasms with findings of disc pathology; compensable consequence injury right knee due to chronic favoring of left side and alteration of gait with evidence of medial compartment and patellofemoral pain, MRI evidence of possible medial meniscal pathology. The treatment plan in the October 16, 2014 progress note indicates bracing the left knee to prevent buckling. The physical examination indicates there was instability to both knees. The November 14, 2014 progress note provides additional history regarding the knee braces. The injured worker is currently using a locked hinged knee brace that he was given postoperatively. There is conflicting documentation regarding the knee braces effectiveness and whether the right knee gives way. In October 28, 2014 progress note indicates the right knee does not give way. There was no instability on physical examination. On November 14, 2014 the progress note indicates the injured worker has not been able to resolve the "giving way episodes". The treating physician states a drop lock brace appears to be indicated. Consequently, the documentation is conflicting as to whether the knees give way or don't give way. The treating physician states the existing brace is not a satisfactory brace long-term. Consequently, a custom molded up right knee brace for the left knee times one is not medically necessary.

Drop Lock for Right Side and Left Side of the Knee x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG the Knee Walking aids

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

Decision rationale: Pursuant to the Official Disability Guidelines, the drop lock for the right side and left side of the knee times two is not medically necessary. Disability, pain and age-related impairments seem to determine the need for a walking aid. The Official Disability Guidelines enumerate the criteria for use of knee braces. There are two categories for knee braces. One is a prefabricated knee brace and the other is a custom fabricated knee brace. Prefabricated knee braces are indicated for knee instability, ligament insufficiency/deficiency, reconstructed ligament, articulate defect repair, etc. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are industrial injury, left knee with quadriceps rupture and persistent pain, weakness, giving way episodes and chondromalacia; lumbar sprain with persistent pain and muscle spasms with findings of disc pathology; compensable consequence injury right knee due to chronic favoring of left side and alteration of gait with evidence of medial compartment and patellofemoral pain, MRI evidence of possible medial meniscal pathology. The treatment plan in the October 16, 2014 progress note indicates bracing the left knee to prevent buckling. The physical examination indicates it was instability to both knees. The November 14, 2014 progress note provides additional history regarding the knee braces. The injured worker is currently using a lot hinged knee brace that he was given postoperatively. There is conflicting documentation regarding the knee braces effectiveness and whether the right knee gives way. In October 28, 2014 progress note indicates the right knee does not give way. There was no instability on physical examination. The November 14 progress note indicates the injured worker has not been able to resolve the "giving way episodes". The treating physician states a drop lock brace appears to be indicated. The Injured worker is having arthroscopy of the right knee December 2014. It would be premature to request DME for that knee. Consequently, the documentation is conflicting as to whether the right knee gives way or does not give way. The treating physician states the existing brace is not a satisfactory brace long-term. Consequently, drop lock for the right side and left side of the knee times two is not medically necessary.

Drop Lock Retainer for Right Side and Left Side of the Knee x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG the Knee Walking aids

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

Decision rationale: Pursuant to the Official Disability Guidelines, the drop lock retainer for the right side and left side of the knee times two is not medically necessary. Disability, pain and age-related impairments seem to determine the need for a walking aid. The official disability guidelines enumerate the criteria for use of knee braces. There are two categories for knee braces. One is a prefabricated knee brace and the other is a custom fabricated knee brace. Prefabricated knee braces are indicated for knee instability, ligament insufficiency/deficiency,

reconstructed ligament, articulate defect repair, etc. See the Official Disability Guidelines for details. In this case, the injured worker's working diagnoses are industrial injury, left knee with quadriceps rupture and persistent pain, weakness, giving way episodes and chondromalacia; lumbar sprain with persistent pain and muscle spasms with findings of disc pathology; compensable consequence injury right knee due to chronic favoring of left side and alteration of gait with evidence of medial compartment and patellofemoral pain, MRI evidence of possible medial meniscal pathology. The treatment plan in the October 16, 2014 progress note indicates bracing the left knee to prevent buckling. The physical examination indicates it was instability to both knees. There is conflicting documentation regarding the knee braces effectiveness and whether the right knee gives way. In October 28, 2014 progress note indicates the right knee does not give way. There was no instability on physical examination. The November 14, 2014 progress note provides additional history regarding the knee braces. The injured worker is currently using a locked hinged knee brace that he was given postoperatively. There is conflicting documentation regarding the knee braces effectiveness and whether the right knee gives way. The November 14 progress note indicates the injured worker has not been able to resolve the "giving way episodes". The treating physician states a drop lock brace appears to be indicated. The Injured worker is having arthroscopy of the right knee December 2014. It would be premature to request DME for that knee. Consequently, the documentation is conflicting as to whether the right knee gives way. The treating physician states the existing brace is not a satisfactory brace long-term. Consequently, drop lock retainer for the right side and left side of the knee times two is not medically necessary.