

Case Number:	CM15-0009708		
Date Assigned:	01/27/2015	Date of Injury:	11/01/2012
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who reported an injury on 11/01/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lateral knee osteoarthritis. Past medical treatment consists of knee braces, injections, and medication therapy. On 12/03/2014, the injured worker underwent bilateral Orthovisc injections with the use of ultrasound. On 12/17/2014, the injured worker was seen for a follow-up visit, where she stated to have bilateral knee pain. Physical examination noted the knees were without swelling, erythema, or ecchymosis. There was no appreciable muscle atrophy. The lower extremity neurovascular exam was intact. Distal circulation was intact. There was an antalgic gait observed. The medical treatment plan is for the injured worker to have prefabricated medial unloader braces for the knees bilaterally. A rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Pre-Fabricated Medial Unloader Braces x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for DME, prefabricated medial unloader braces x2, is not medically necessary. The Official Disability Guidelines state that unloader braces are recommended. Unloader braces are designed specifically for reduced pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment. When an unloader brace was used with the bio knee care stimulator and compared to the bio knee care only treatment, more patients achieved significant clinical improvement, at least 20%, with the unloader plus stimulator treatment than with the stimulator treatment alone. The submitted documentation indicated the injured worker had bilateral knee pain. However, there were no pain assessments submitted for review indicating what the pain levels were via VAS. Additionally, it was noted that the injured worker had undergone Synvisc injections to the knees bilaterally. However, the submitted documentation failed to indicate the efficacy of the Orthovisc injections. Furthermore, there was no rationale submitted for review to warrant the request. It was noted that the injured worker had a diagnosis of bilateral knee osteoarthritis. However, there was no functional deficits submitted in the physical examination. Given the above, the request would not be indicated. As such, the request is not medically necessary.