

Case Number:	CM15-0102227		
Date Assigned:	06/04/2015	Date of Injury:	06/09/2002
Decision Date:	07/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency 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 66 year old female with a June 9, 2002 date of injury. A progress note dated May 13, 2015 documents subjective findings (still has some instability, popping, clicking, and swelling of the right knee; pain in the right shoulder; pain in the neck and low back), objective findings (tenderness along the cervical and lumbar paraspinal muscles and pain along the right knee with mild swelling present), and current diagnoses (internal derangement of the knee on the right; impingement syndrome of the right shoulder; discogenic lumbar condition with facet inflammation; discogenic cervical condition with facet inflammation; weight gain, sleep, stress, and depression due to chronic pain). Treatments to date have included medications, right knee meniscectomy; right shoulder decompression; lumbar spine injection, and bracing of the knee. The medical record indicates that the injured worker's current knee brace is an old hinged brace used just for support. The treating physician documented a plan of care that included Defiance Brace molded plastic right lower knee addition and right upper knee addition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Defiance Brace Molded Plastic Right Lower knee addition and Right upper knee addition:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace.

Decision rationale: The requested Defiance Brace Molded Plastic Right Lower knee addition and Right upper knee addition, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Table 13-6, page 346 note that knee braces are recommended: Short period of immobilization after an acute injury to relieve symptoms; and Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) , Knee brace note "Knee brace: Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." The injured worker has subjective findings (still has some instability, popping, clicking, and swelling of the right knee; pain in the right shoulder; pain in the neck and low back), objective findings (tenderness along the cervical and lumbar paraspinal muscles and pain along the right knee with mild swelling present), and current diagnoses (internal derangement of the knee on the right; impingement syndrome of the right shoulder; discogenic lumbar condition with facet inflammation; discogenic cervical condition with facet inflammation; weight gain, sleep, stress, and depression due to chronic pain). Treatments to date have included medications, right knee meniscectomy; right shoulder decompression; lumbar spine injection, and bracing of the knee. The treating physician has not documented physical exam evidence of knee instability or the other criteria noted above. The criteria noted above not having been met, Defiance Brace Molded Plastic Right Lower knee addition and Right upper knee addition is not medically necessary.