

Case Number:	CM15-0103505		
Date Assigned:	06/08/2015	Date of Injury:	12/22/1992
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/29/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 56 year old male, who sustained an industrial injury on December 22, 1992. Treatment to date has included medication, right knee ACL repair, physical therapy, and heat/ice therapy and home exercise. Currently, the injured worker complains of pain in the right shoulder and right knee. He describes the right knee pain as deep, aching and burning. He rates the pain a 7 with the use of medications and reports that the pain is 50% higher without medications. His pain is aggravated by walking longer than 45 minutes and especially without the brace. His pain is relieved with changing positions. On examination, the injured worker has a markedly antalgic gait and uses a Donjoy stabilization brace on the right knee. There is marked atrophy and decreased tone of the right quad and calf muscles. The diagnoses associated with the request include chronic right knee pain status post failed ACL repair and traumatic degenerative joint disease. The treatment plan includes medications, new Donjoy stabilization brace, home exercise program and heat/ice therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Donjoy hinged knee brace for the right knee: Overturned

Claims Administrator 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), Procedure summary, Online Version, (updated 05/05/15), Criteria for the use of knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional 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 this case, the injured worker underwent ACL reconstruction and partial medial meniscectomy in 1993 and has had two revision surgeries since this with the last one taking place in 1995. He remains symptomatic and has instability. Physical exam dated 5/11/15 revealed marked atrophy and decreased tone of the right quadriceps and calf muscles. The last authorization for a new brace was on 2/14/14. It is reasonable to expect that the previous brace has become worn during this interval and requires replacement. The request for replacement Donjoy hinged knee brace for the right knee is medically necessary.