

Case Number:	CM15-0012812		
Date Assigned:	01/30/2015	Date of Injury:	10/22/2012
Decision Date:	04/13/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/22/2015

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:

The injured worker is a 51 year old male patient, who sustained an industrial injury on 10/22/2012. An orthopedic follow up note dated 12/15/2014 reported the patient being 3 months out from undergoing arthroscopic meniscectomy and debridement of the right knee. He is noted with improved pain and absence of mechanical symptoms, but he still has complaint of medical joint line pain that is aggravated by squatting and bending activities. He also still has quadriceps weakness. Physical therapy is noted starting that week. Physical examination found the right knee with mild effusion and 1cm quadriceps atrophy. Range of motion to both knees showed no extension and flexion was at 125 degrees on the right and 135 degrees on the left. The patient is diagnosed with prior arthorscopic meniscectomy and debridement 09/02/2014 with residual patellofemoral medical compartment arthrosis right knee. Recommendation at this time noted to involve commencing with initial physical therapy until he is a candidate to receiving a Synvisc one injection to relief his arthritic symptom. On 01/20/2015 Utilization Review non-certified the request as not meeting medical necessity requirements and cited the CA MTUS ACOEM Guideline, Official Disability Guidelines. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Low Profile Varus Unloader Brace: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6, page 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) ,Knee brace.

Decision rationale: The requested Right Knee Low Profile Varus Unloader Brace, 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 treating physician has documented improved pain and absence of mechanical symptoms, but he still has complaint of medial joint line pain that is aggravated by squatting and bending activities. He also still has quadriceps weakness and on exam, the right knee shows mild effusion and 1cm quadriceps atrophy. Range of motion to both knees showed no extension and flexion was at 125 degrees on the right and 135 degrees on the left. 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, Right Knee Low Profile Varus Unloader Brace is not medically necessary.