

Case Number:	CM15-0019398		
Date Assigned:	02/09/2015	Date of Injury:	12/23/2013
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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 65 year old female, who sustained an industrial injury on December 23, 2013. The diagnoses have included knee derangement and pulmonary condition. A progress note dated January 6, 2015 provides the injured worker complains of bilateral knee pain and is waiting to be cleared by her pulmonary doctor to have surgery. She has difficulty walking and has a limp. On January 27, 2015 utilization review non-certified a request for pair of unloader braces for bilateral knees. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pair of Unloader Braces for Bilateral Knees: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter Knee & Leg -Acute & Chronic- chapter under Knee Brace.

Decision rationale: The patient is a 65 year old female who presents with unrated bilateral knee pain exacerbated by walking. The patient's date of injury is 12/23/13. Patient has undergone unspecified left knee surgery in 2007. The request is for 1 Pair Of Unloader Braces For Bilateral Knees. The RFA was not provided. Physical examination dated 01/08/15 reveals pain on palpation to the bilateral knees, markedly antalgic gait, a medial skin rash on the bilateral knees, restricted range of motion in the bilateral knees - unspecified. The patient's current medication regimen was not provided. Diagnostic imaging was not included, though progress report dated 08/28/14 discusses MRI of left knee dated 05/29/14, findings include: "a horizontal posterior horn, lateral meniscus tear. Mucoïd degeneration anterior and posterior horn medial and lateral meniscus degenerative changes." Patient is temporarily totally disabled. ODG guidelines, chapter Knee & Leg (Acute & Chronic) chapter under Knee Brace, provides following criteria for the use of knee brace "refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture." While ODG guidelines do not specifically address the use of this proprietary brand of knee brace, the request appears reasonable. The documentation provided does not mention any knee braces or other DME being issued to date. While no MRI findings of the right knee are included, MRI of the left knee shows significant joint degeneration. Progress note dated 01/08/15 suggests that imaging of the right knee as a preoperative measure is in the process of authorization. Given this patient's age, subjective complaints, and history of knee joint degeneration, bilateral knee braces could result in significant improvement. Therefore, the request IS medically necessary.