

Case Number:	CM15-0133055		
Date Assigned:	07/21/2015	Date of Injury:	10/13/2000
Decision Date:	08/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 62-year-old female patient, who sustained an industrial injury on 10/13/2000. The diagnoses include status post right total knee replacement and Oppenheim's disease. She sustained the injury due to fall. Per the letter dated 7/2/15, patient was using right knee/ankle/foot bracing since 2002. She has diagnosis of Oppenheim's disease- a myotonia resulting in significant muscle weakness and difficulty with muscle control. Per the doctor's note dated 6/04/2015, she had complains of her brace breaking down and having increased discomfort, as well as limited ambulation. She was retired but did part-time work for herself. The physical examination revealed right knee- mild medial instability with a firm end point with valgus stressing, mild valgus deformity, active range of motion 30-60 degrees and passive 10- 100 degrees, diffuse weakness in the right lower extremity, walked with a stiff legged gait in both lower extremities; the lower extremities- patchy, decreased sensation in both lower extremities, along with weakness, the right lower extremity brace fit nicely. Her exam on 6/24/2015 was unchanged. The current medications list is not specified in the records provided. She has undergone right total knee replacement in 2002. She has had X-rays of the right knee dated 6/12/2015, which showed a total knee replacement with a varus deformity. She has had bracing for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee ankle foot orthosis: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ankle and foot chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 340 and 371.

Decision rationale: Knee ankle foot orthosis. Per the ACOEM guidelines "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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.....In all cases, braces need to be properly fitted and combined with a rehabilitation program." Per the ACOEM guidelines "...orthotics... may reduce pain experienced during walking and may reduce more global measures of pain and disability....." Per the records provided patient was using right knee/ankle/foot bracing since 2002. She has diagnosis of Oppenheim's disease a myotonia resulting in significant muscle weakness and difficulty with muscle control. She had complains of her brace breaking down and having increased discomfort, as well as limited ambulation. She had significant objective findings on the physical examination- right knee- mild medial instability with a firm end point with valgus stressing, mild valgus deformity, active range of motion 30-60 degrees and passive 10-100 degrees, diffuse weakness in the right lower extremity, walked with a stiff legged gait in both lower extremities; the lower extremities- patchy, decreased sensation in both lower extremities, along with weakness. Knee/ankle/foot orthosis is medically appropriate to provide stability for the knee/ankle/foot in a patient with evidence of significant muscle weakness who is being treated conservatively. The request of Knee ankle foot orthosis is medically appropriate and necessary for this patient at this time.