

Case Number:	CM15-0135621		
Date Assigned:	07/23/2015	Date of Injury:	04/28/2008
Decision Date:	08/20/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 was a 48 year old female, who sustained an industrial injury, April 28, 2008. The injured worker previously received the following treatments Norco, Amitriptyline, Meloxicam, omeprazole, baclofen, Lyrica and random toxicology laboratory studies. The injured worker was diagnosed with low back pain, left knee pain and left leg RSD. According to progress note of June 4, 2015, the injured worker's chief complaint was left knee pain. The injured worker rated the pain at 8 out of 10. The injured worker reported the pain medications helped. The physical exam noted tenderness with palpation of the left lateral knee. There was superior quadrant pain of the patella with palpation. There was tenderness of the left piriformis. The treatment plan included exchange a knee brace for a Lenox Hill Swedish knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exchange Knee Brace - Lenox Hill Swedish Knee Brace (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Knee Brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Braces.

Decision rationale: Pursuant to the Official Disability Guidelines, exchange knee brace - Lenox Hill Swedish knee brace for purchase are is not medically necessary. 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 Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured workers working diagnoses are left leg RSD; L/S negative MRI; low back pain; and bilateral knee pain. The date of injury is April 28, 2008. Request for authorization is dated June 28, 2015. According to a progress note dated May 19, 2015, the injured worker has ongoing low back pain and left leg and knee pain. The documentation is largely illegible. Objectively, there is tenderness to palpation, pain with varus strain and tenderness over the lateral joint line and quad. There is negative instability present. The treatment plan has an entry to exchange knee brace. The utilization review indicates there is an orthopedic evaluation requested by the pain management provider (in a peer-to-peer conference call). The documentation in the utilization review appears to indicate the injured worker had two prior knee braces. The injured worker should be seen by the orthopedic provider prior to ordering a third knee brace. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and a peer-to-peer conference call indicating an orthopedic evaluation was requested, exchange knee brace - Lenox Hill Swedish knee brace for purchase is not medically necessary.