

Case Number:	CM15-0142839		
Date Assigned:	08/03/2015	Date of Injury:	02/20/2002
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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 60 year old female who sustained an industrial injury on 2/20/2002. Diagnoses include left knee internal derangement status post arthroscopy, chronic left leg thrombophlebitis status post vena cava umbrella cage placement, diabetes mellitus aggravated by industrial injury, chronic lumbar sprain or strain, depression, insomnia, cervical sprain or strain, right shoulder impingement and left wrist sprain or strain. Comorbid conditions include diabetes and obesity. The patient is not working. Treatment to date has included surgical intervention (left knee arthroscopic medial meniscectomy and chondroplasty in the lateral femoral condyle on 4-05-2013) as well as conservative measures including medications and bracing of the left knee. Current medications include Tylenol #4, Prilosec 20 mg, Xanax 1mg and topical creams of Ketoprofen, Gabapentin and Tramadol. Per the Comprehensive Orthopedic Reevaluation dated 6/11/2015, the injured worker reported severe neck pain, moderate to severe right shoulder pain, severe left shoulder pain, moderate to severe left wrist pain and moderate to severe left knee pain. She lost her left knee brace. Physical examination of the left knee revealed a slight antalgic limp on the left knee. Left knee range of motion was 0-100 degrees. The plan of care included medication management and TENS unit. Authorization was requested for a left knee brace with hinges.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment): Left Knee Brace with Hinges (purchase), (retrospective DOS 6/11/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346. Decision based on Non-MTUS Citation 1) Gravlee JR, Van Durme DJ. Braces and Splints for Musculoskeletal Conditions. Am Fam Physician. 2007 Feb 1;75(3):342-3482) AAOS clinical practice guideline, Treatment of Osteoarthritis of the Knee 2nd edition.

Decision rationale: A hinged knee brace is indicated for conditions of knee instability. It can be useful for acute injuries, chronic conditions and the prevention of worsening injury. The American Academy of Orthopedic Surgeons found inconclusive evidence for use of a knee brace to treat knee osteoarthritis but notes use of an unloading knee brace may be helpful to decrease pain in patients with medial compartment osteoarthritis. The ACOEM guideline notes use of a brace is usually unnecessary but suggests using one if the patient is going to be stressing the knee under a load, such as climbing or carrying objects. This patient has not been diagnosed with either an unstable knee joint or knee osteoarthritis and is presently not working. Use of a knee brace is not indicated. Medical necessity has not been established.