

Case Number:	CM15-0143191		
Date Assigned:	08/06/2015	Date of Injury:	05/23/2001
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
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: 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:

The injured worker is a 50 year old male, who sustained an industrial injury on 05-23-2001 secondary to cumulative trauma injury in bilateral hands, knees, shoulders and the back. On provider visit dated 07-02-2015 the injured worker has reported pain in all joints. The patient has had history of locking in knee and he had fallen several times. On examination of bilateral knees, there was a positive Ballotable patella sign noted. The patient has had negative McMurray test on 2/3/15. The diagnoses have included rheumatoid arthritis and diabetic neuropathy. Treatment to date has included knee brace, walking and exercise, physical therapy, laboratory studies and medication. The provider requested right knee brace evaluation for rheumatoid arthritis because current brace was noted to be not functioning. The patient sustained the injury due to cumulative trauma. The patient had received an unspecified number of the PT visits for this injury. The patient had used a knee brace for this injury. The medication list include Celebrex, Calcium, Methotrexate, Prednisolone. The patient had used a TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Brace Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation ACOEM Chapter 7: Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340 Activity alterations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 07/10/15) Knee brace.

Decision rationale: Request: Right Knee Brace Evaluation. Per the ACOEM guidelines cited below "Among patients with knee OA and mild or moderate valgus or varus instability, a knee brace can reduce pain, improve stability, and reduce the risk of falling." 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. In addition per the ODG Guidelines knee brace is recommended for, "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 unicompartmentalosteoarthritis; and 10. Tibial plateau fracture." The diagnoses have included rheumatoid arthritis and diabetic neuropathy. The patient has had history of locking in the knee and he had fallen several times. On examination of bilateral knees, there was a positive Ballotable patella sign noted. In this patient with rheumatoid arthritis, a Right knee brace evaluation would help to determine in further detail the nature of internal derangement or instability in the knee and what kind of brace may be helpful to manage the condition. The request for Right Knee Brace Evaluation is medically necessary and appropriate for this patient.