

Case Number:	CM15-0146693		
Date Assigned:	08/07/2015	Date of Injury:	03/12/2012
Decision Date:	09/10/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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:

This 55 year old female sustained an industrial injury on 3-12-12. She subsequently reported neck, back, right shoulder and bilateral knee pain. Diagnoses include carpal tunnel syndrome, other disorders of joint shoulder region, shoulder bursitis and patellar chondromalacia. Treatments to date include x-ray and MRI testing, shoulder surgery, TENS therapy, physical therapy and prescription pain medications. The injured worker continues to experience bilateral knee pain, neck pain and right shoulder pain that radiates down the arm. Upon examination, there is tenderness in the right PV and trapezius, right knee joint line. There is painful medial McMurray's noted. A request for Unloader brace (OTS), right knee was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unloader brace (OTS), right knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Unloader braces for the knee.

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

Decision rationale: The patient presents on 06/22/15 with bilateral knee pain rated 7-8/10 (right worse than left). The patient's date of injury is 03/12/12. Patient has no documented surgical history pertinent to the request. The request is for Unloader Brace (Ots) Right Knee. The RFA is dated 06/23/15. Physical examination dated 06/22/15 reveals tenderness to palpation of the right medial joint line accentuated by McMurray's maneuver, instability in the right knee, and pain medial pain elicitation during squatting. The patient is currently prescribed Naproxen and a topical anti-inflammatory. Diagnostic imaging included MRI of the right knee dated 07/01/15, significant findings include: "Posterior horn medial meniscus demonstrates intrasubstance signal compatible myxoid degenerative change." Per 06/22/15 progress note, patient is advised to return to work with modifications ASAP. ODG guidelines, 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 does not specifically address the use of this proprietary brand of knee brace, the request is appropriate. The documentation provided does not mention any knee braces or other DME being issued to date. MRI dated 07/01/15 includes evidence of deficiency in the posterior horn of the medial meniscus. Physical examination reveals instability of the right knee and positive McMurray's test. Given this patient's consistent intractable knee pain secondary to degeneration of the joint, a brace could provide some pain relief and functional improvement. Therefore, the request is medically necessary.