MAXIMUS Federal Services

Case Number:	CM15-0169531		
Date Assigned:	09/10/2015	Date of Injury:	12/30/2012
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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:

The injured worker is a 50 year old female who sustained an industrial injury on December 30, 2012. The worker was employed as a security officer supervisor. The accident was described as while working a sports event checking credentials a car approached stopped and put the car in reverse not realizing it was still in reverse the driver hit the worker in the left knee resulting in injury. A primary treating office visit dated April 02, 2015 reported subjective complaint of right knee pain, swelling; low back pain with spasms and stiffness. She is utilizing a cane and braces for ambulation assistance. The following diagnoses were applied: discogenic lumbar condition with facet inflammation; internal derangement of right knee, status post arthroscopy; internal derangement of left knee and sleep disturbance, stress, anxiety, and sexual dysfunction. She was administered an injection to the right knee and instructed to continue with current medications. Medication regimen consisted of: Protonix, Naproxen, Voltaren gel and Tramadol ER. She is currently working a modified duty. At primary follow up dated July 24, 2015 the plan of care noted: continuing medications; undergo a magnetic resonance imaging study of left knee; pain management referral; unloading brace for bilateral knees to help with instability. There is noted discussion regarding the workers' current braces are pull on knee braces and seem to cause more pain to the inside of the knee due to weight shifting. There is also recommendation for Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Defiance Brace Molded Plastic, Lower Knee Addition and Upper Knee Addition for Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, Activity Alteration, Follow-up Visits.

Decision rationale: Guidelines states knee bracing is a treatment option in conjunction with an active exercise program for diagnoses of significant osteoarthritis to delay possible total knee arthroplasty. Clinical exam has not demonstrated any severe acute red-flag conditions or limitation in ADLs as a result of the patient's knee condition to support for this active knee brace. Additionally, per Guidelines, prefabricated knee braces may be appropriate in patients with one of the following conditions such as Knee instability; Ligament insufficiency/deficiency; Reconstructed ligament; Articular defect repair; Avascular necrosis; Meniscal cartilage repair; Painful failed total knee arthroplasty; Painful high tibial osteotomy; Painful uni-compartmental osteoarthritis; or Tibial plateau fracture, none demonstrated here. Functional knee braces may be considered medically necessary in the treatment of a chronically unstable knee secondary to a ligament deficiency. The medial and lateral hinge and derotational types specifically used to treat collateral ligament and cruciate ligament and/or posterior capsule deficiencies should be the off the shelf type. The medical necessity of an active brace may be an individual consideration in patients with abnormal limb contour, knee deformity, or large size, all of which would preclude the use of the off the shelf model. There are no high quality studies or data in published peer-reviewed literature to show functional benefit or support the benefits of an active functional knee brace compared to the off-the-shelf type, in terms of activities of daily living. In addition, many of the active functional knee braces are designed specifically for participation in elective sports, not applicable in this case. Submitted reports have not adequately demonstrated the indication or clinical findings to support this active custom knee brace. The Defiance Brace Molded Plastic, Lower Knee Addition and Upper Knee Addition for Bilateral Knees is not medically necessary and appropriate.