

Case Number:	CM15-0182650		
Date Assigned:	09/23/2015	Date of Injury:	06/25/2000
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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 53 year old male, who sustained an industrial injury on June 25, 2000. Medical records indicate that the injured worker is undergoing treatment for left knee pain. The injured worker was not currently working. On 8-20-15, the injured worker complained of a flare-up of left knee symptoms. The injured worker reported pain and swelling in the left knee. The pain was rated 8 out of 10 on the visual analogue scale. Associated symptoms included locking, giving away, tenderness and fatigability. The injured worker noted that rest, cold and bracing mitigate some of the symptoms. Examination of the left knee revealed tenderness along the anterior and lateral compartments and a trace effusion. Range of motion, motor strength and sensation were normal. Orthopedic special testing was negative. Treatment and evaluation to date has included medications, x-rays of the left knee, eleven left knee surgeries and one right knee surgery. X-rays of the left knee revealed a previous anterior cruciate ligament reconstruction with severe patellofemoral osteoarthritis and patella alta, osteoarthritis of the medial and lateral compartment osteophytes and bone spur formation. The injured worker was not currently taking any medications. The request for authorization dated 8-25-15 included a request for a WEB reaction brace. The Utilization Review documentation dated 9-1-15 non-certified the request for a WEB reaction brace. The patient sustained the injury due to fall. The patient's surgical history includes 11 left knee and 1 right knee surgery. The patient had received a left knee steroid injection. The patient had received an unspecified number of PT visits for this injury. The past medical history includes stage four cancer in right side of neck in 2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEB reaction brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee brace.

Decision rationale: 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 patient's surgical history include 11 left knee and 1 right knee surgery. Patient had received left knee steroid injection. The patient had received an unspecified number of PT visits for this injury. On 8-20-15, the injured worker complained of a flare-up of left knee symptoms. The injured worker reported pain and swelling in the left knee. The pain was rated 8 out of 10 on the visual analogue scale. Associated symptoms included locking, giving away, tenderness and fatigability. Examination of the left knee revealed tenderness along the anterior and lateral compartments and a trace effusion. X-rays of the left knee revealed a previous anterior cruciate ligament reconstruction with severe patellofemoral osteoarthritis and patella alta, osteoarthritis of the medial and lateral compartment osteophytes and bone spur formation. Patient has already been treated with a conservative treatment and he has been doing a home exercise program. There is pain in the left knee with significant physical exam findings. The request for WEB reaction brace is medically necessary and appropriate for this patient.