

Case Number:	CM15-0184178		
Date Assigned:	09/24/2015	Date of Injury:	01/05/2012
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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:

This is a 66 year old female patient, who sustained an industrial injury on 1-5-12. She sustained the injury due to fell on her knee. The diagnosis includes lower leg osteoarthritis. Per the doctor's note dated 8-31-15 she had complaints of right knee pain, stiffness and swelling. Per the doctor's note dated 4/17/15, physical examination of the right knee revealed trace effusion, range of motion- 10 to 90 degrees with pain at the extreme, diffuse tenderness, stable, quite a bit of guarding and mild amount of patellofemoral crepitation with motion. Currently, the patient declined to take medications. Per the note dated 4/17/15, medications list includes ibuprofen and maxzide. She has had right knee X-rays which revealed no joint space remaining in the medial aspect of the right knee, osteophytes arising from both sides of the trochlea and medial lateral aspects of the patella with sclerosis underneath the lateral facet of the patella, posterior osteophytes and mild lateral compartment osteophytes. She has had physical therapy with temporary relief and bracing for this injury. Her work capacity was not addressed; however, a note dated 8-31-15 states the injured worker is able to work. A request for authorization dated 9-3-15 for purchase of a right knee medial unloader custom brace is non-certified due to lack of evidence that shows knee instability or the need for a brace for knee-stressing activities, per Utilization Review letter dated 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of right knee medial unloader custom brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

Decision rationale: Per the ACOEM guidelines "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. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes.....In all cases, braces need to be properly fitted and combined with a rehabilitation program". Evidence for the need of stressing the knee under load such as climbing ladders or carrying boxes is not specified in the records provided. Significant consistent evidence of patellar instability or anterior cruciate ligament (ACL) tear is not specified in the records provided. The response to a recent trial of conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The request for Purchase of right knee medial unloader custom brace is not medically necessary or established for this patient at this time.