

Case Number:	CM15-0203606		
Date Assigned:	10/20/2015	Date of Injury:	08/24/2012
Decision Date:	12/01/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/16/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 61 year old male, who sustained an industrial injury on 08-24-2012. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for discogenic lumbar condition and internal derangement of right knee. Treatment and diagnostics to date has included physical therapy and medications. Recent medications have included Nalfon, Tramadol, Naproxen, Norco, and Flexeril. Subjective data (08-27-2015 and 09-29-2015), included ongoing low back pain and right knee pain. Objective findings (09-29-2015) included tenderness along the lumbar paraspinal muscles and "mild tenderness along the joint line with no swelling present". The request for authorization dated 09-29-2015 requested physical therapy, Defiance brace molded plastic-lower knee addition and upper knee addition, elbow sleeve with strap, hinged knee orthosis, Nalfon, Norco, and Flexeril. The Utilization Review with a decision date of 10-08-2015 non-certified the request for hinged knee brace-orthosis in conjunction with sleeve for right knee unloading brace (Defiance brace molded plastic for lower knee addition and upper knee addition).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged knee brace/Orthosis in conjunction with sleeve for right knee unloading brace (Deviance brace molded plastic for lower knee addition and upper knee addition): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee brace, Un-loader 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 section, Braces.

Decision rationale: Pursuant to the Official Disability Guidelines, hinged knee brace/orthosis in conjunction with sleeve for right knee unloading brace (deviance brace molded plastic for lower knee addition and upper knee addition) is not medically necessary. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients a knee brace can increase confidence which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, In this case, the injured worker's working diagnoses are discogenic lumbar condition MRI showing this disease from L3 - S1 with foraminal narrowing on the left L4 - L5 with facet changes; internal derangement right knee; chronic pain with 60 pound weight loss. Date of injury is August 24, 2012. Request for authorization is October 1, 2015. According to a September 29, 2015 progress note, subjective complaints include low back pain and right knee pain. Physical therapy in the past resulted in a 50% reduction in pain. Symptoms have returned since stopping physical therapy. The documentation indicates the injured worker received 24 sessions of physical therapy to the knee and is doing quite well. Objectively, there is tenderness to palpation lumbar spine with decreased range of motion. There is mild tenderness along the joint line. Range of motion is full. There is no instability present. Based on clinical information the medical record, peer-reviewed evidence- based guidelines, documentation indicating mild tenderness with full range of motion and no instability and no clinical indication or rationale for a hinged knee brace, hinged knee brace/orthosis in conjunction with sleeve for right knee unloading brace (deviance brace molded plastic for lower knee addition and upper knee addition) is not medically necessary.