

Case Number:	CM15-0204939		
Date Assigned:	10/21/2015	Date of Injury:	07/23/2007
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This is a 50 year old male who sustained a work-related injury on 7-23-07. Medical record documentation on 9-24-15 revealed the injured worker was being treated for status post knee arthroscopic surgery. He reported pain in bilateral anterior and posterior knee. His pain level at the time of evaluation was 6 on a 10-point scale and his pain was present 100% of the time. He rated his pain a 9 at worst and a 7 at best on a 10-point scale. Objective findings included difficulty changing from stand and seating position. He used a cane for mobility. His left knee range of motion included flexion to 112 degrees and extension to 1 degree. His right knee range of motion included flexion to 115 degrees and extension to 6 degrees. His left knee range of motion had a -1 % change in flexion and a -67 % change in extension since his previous evaluation on 8-21-15. His right knee range of motion had 3% change in flexion and a 100% change in extension since his previous evaluation on 8-21-15. The evaluating physician noted that the injured worker remained weak but his extensor strength and lower extremity strength were improving with physical therapy. His medication regimen included Norco 10-325 mg, Prilosec 20 mg, topical pain cream and bilateral knee brace. A request for bilateral knee braces was received on 9-24-15. On 10-2-15, the Utilization Review physician determined a bilateral knee braces was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp, 13th Edition, Knee & Leg (updated 07/10/15).

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: Knee brace.

Decision rationale: Criteria of using knee braces are as follows: Prefabricated 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. Custom-fabricated knee braces may be appropriate for patients with the following conditions, which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb; b. Varus [bow-legged] limb; c. Tibial varum; d. Disproportionate thigh and calf (e.g., large thigh and small calf); e. Minimal muscle mass on which to suspend a brace; 2. Skin changes, such as: a. Excessive redundant soft skin; b. Thin skin with risk of breakdown (e.g., chronic steroid use); 3. Severe osteoarthritis (grade III or IV); 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain); 5. Severe instability as noted on physical examination of knee. In this case the documentation on physical examination states there is "palpable tenderness of the bilaterally medial joint line with crepitus and edema" There is no documentation of knee instability, severe knee osteoarthritis, or any of the conditions listed as an indication for knee braces. Medical necessity has not been established. The request is not medically necessary.