MAXIMUS Federal Services

Case Number:	CM15-0208348		
Date Assigned:	10/27/2015	Date of Injury:	10/05/2004
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/22/2015

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 36 year old male who sustained an industrial injury on 10-5-14. The medical records indicate that the injured worker has been treated for lumbar post laminectomy syndrome; right knee bucket handle tear. The medical records indicate that the injured worker has been treated for bilateral knee internal derangement with right medial meniscal tear; right knee bucket handle tear; status post right ankle fusion (9-11-12). He currently (9-23-15) complains of low back and left knee pain with a pain level of 6 out of 10. Three and a half week ago he suffered a near fall when his knee buckled. On physical exam of the left knee there was tenderness to palpation, mild soft tissue swelling in both knees, mild crepitus with gentle range of motion and the range of motion was good bilaterally. The physical exam of the knees was unchanged from 12-10-14 through 9-23-15. Treatments to date include Anaprox, Neurontin, Ambien, Prilosec, Soma, Xanax, Ultracet; successful spinal cord stimulator (7-26-12) but did not pursue permanent implantation; trigger point injections with good relief (2 weeks); physical therapy; acupuncture; massage therapy; nerve blocks; transcutaneous electrical nerve stimulator unit; cane; prior wheelchair and walker for knee giving out; left knee steroid injection on 7-31-13 with 6 weeks of benefit and 9-23-15 with benefit. In the progress note dated 9-23-15 the treating provider's plan of care included a request for bilateral knee brace as the injured worker has recently suffered a near fall when his left knee buckled. The brace will provide support to help alleviate pain and provide improved mobility and safety. On 10-6-15 Utilization Review non-certified the request for bilateral OTS trainer knee brace for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral OTS trainer knee brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 7/10/15) Knee brace.

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

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 clinical findings of instability or significant neurological deficits to support this knee brace. The Bilateral OTS trainer knee brace for purchase is not medically necessary or appropriate.