MAXIMUS Federal Services

Case Number:	CM15-0215082		
Date Assigned:	11/04/2015	Date of Injury:	09/04/2002
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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 66-year-old female, with a reported date of injury of 09-04-2002. The diagnoses include left knee degenerative arthritis with degenerative meniscal tears. The follow-up consultation reports dated 09-10-2015 and 10-08-2015 indicate that the injured worker complained of left knee pain, which was rated 8 out of 10. The objective findings include tenderness of the left knee, no signs of infection, well-healed incision, lacks 5 degree extension, flexion at 90 degrees with pain, and favoring of the right lower extremity with walking. The injured worker's disability status was noted as temporarily totally disabled for four weeks. The diagnostic studies to date have included an MRI of the left knee on 03-27-2009 which showed degeneration in the posterior horn of the medial meniscus; an MRI of the left knee on 10-24-2013 which showed stable severe thinning of the medial patellar facet articular cartilage and focal subchondral marrow swelling at the lateral patellar facet had decreased in size since the prior study; an MRI of the left knee on 07-22-2014 which showed tricompartmental osteoarthrosis affecting the patellofemoral and medial compartments and inner free edge tear of the mid-zone of the lateral meniscus and fraying and subtle tear of the inner free edge of the posterior horn of the medial meniscus; and an MRI of the left knee on 01-16-2015 which showed degenerative free edge fraying of the medial meniscus with undersurface tear of its posterior horn with associated para meniscal cysts, minor degenerative fraying and blunting of the lateral meniscal free edge, moderately advance degenerative chondromalacia of the medial and patellofemoral compartments, minor degenerative chondromalacia of the lateral compartment, and small effusion. Treatments and evaluation to date have included Celebrex, multiple corticosteroid injections, Visco supplementation injection, Cyclobenzaprine, and Tramadol. The treating physician requested custom left knee medial unloader brace. On 10-02-2015, Utilization Review (UR) non-certified the request for custom left knee medial unloader brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom left knee medial unloader brace: Upheld

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

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

Decision rationale: Review indicates the patient was dispensed a recent knee brace; however, was noted to be too loose. 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 because of the patient's knee condition to support for this custom unloader 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. Submitted reports have not adequately demonstrated the indication or clinical findings to support this custom unloader knee brace. The Custom left knee medial unloader brace is not medically necessary and appropriate.