

Case Number:	CM15-0216052		
Date Assigned:	11/05/2015	Date of Injury:	09/14/2014
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/03/2015

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 51 year old female, who sustained an industrial injury on 9-14-2014. Diagnoses include bilateral knee degenerative joint disease and bilateral knee medial meniscus tear. Treatments to date include activity modification, single point cane, and anti-inflammatory. On 6-10-15, she complained of ongoing bilateral knee pain associated with popping and giving way weakness. There was documentation regarding the MRIs of both knees revealing meniscal tears. The physical examination documented tenderness and decreased range of motion to bilateral knees. The McMurray tests and patellar grind were positive bilaterally with crepitus noted. The plan of care included diet and exercise with improved diabetes treatment and control, prior to possible cortisone injection and-or surgery. On 8-28-15, she complained of ongoing bilateral knee pain. It was noted prior recommendation for knee surgery was declined due to a history of uncontrolled diabetes, and at present diabetes was treated effectively. The physical examination documented bilateral knee tenderness and positive McMurray's tests. The plan of care included bilateral knee supports, hinged braces, specifically PRO-OTS hinged knee brace. The appeal requested authorization for the purchase of bilateral knee PROS-OTS hinged braces. The Utilization Review dated 10-2-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knees PRO-OTS hinged braces for purchase times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

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, bilateral knees PRO-OTS hinged braces for purchase times #2 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, the injured worker's working diagnoses are cervical spine sprain strain with radiculitis; lumbar spine disc bulge; and bilateral knee medial meniscal tear. Date of injury is September 14, 2014. Request for authorization is September 25, 2015. According to an August 28th 2015 progress note, the injured worker has ongoing low back pain and bilateral knee pain. The injured worker would like the surgery, if recommended. Objectively, there is tenderness over the medial joint line bilaterally. There was a positive McMurray's bilaterally. There was tenderness over the patella. There are no imaging studies in the medical record indicating meniscal tears. There is no instability of the knee joint. There is no clinical indication or rationale for a knee brace. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no imaging demonstrating meniscal tears and no instability of the knee joints, bilateral knees PRO-OTS hinged braces for purchase times #2 is not medically necessary.