

Case Number:	CM15-0216631		
Date Assigned:	11/06/2015	Date of Injury:	11/06/2013
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 40-year-old male who sustained an industrial injury on 11/6/13. The mechanism of injury was not documented. The 9/16/14 right knee MRI impression documented the anterior cruciate ligament was not ideally seen but an injury was possible. There was mild subluxation of the patella in relation to the femur. There was mild osteoarthritis, worst in the medial compartment. There was small joint effusion. There were degenerative changes and possible faint tears in the anterior, posterior and middle horn of the lateral meniscus. There were degenerative changes in the posterior horn of the medial meniscus with a tear and degenerative changes in the anterior horn possibly extending into the tear. There were degenerative changes of the middle horn and possible tear. The 9/14/15 orthopedic surgery report indicated that the injured worker was certified for a right knee arthroscopy. Physical exam documented right knee patellar crepitus on flexion and extension with medial and lateral joint line tenderness and positive McMurray's test. Levaquin and Zofran were dispensed for post-operative use. The diagnosis included knee tendinitis/bursitis. Records documented the injured worker underwent right knee surgery on 9/25/15. Retrospective authorization was requested for a Pro-ROM right knee brace, date of service 9/25/15. The 10/13/15 utilization review non-certified the retrospective request for a Pro-ROM right knee brace as guideline indications were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-ROM right knee brace, Retro DOS: 9.25.15: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Knee braces.

Decision rationale: The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. In general, custom braces are not supported over pre-fabricated braces unless specific indications are met. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: 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 unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have not been met. This injured worker underwent a left knee arthroscopy on 9/25/15 with no documentation as to the procedure planned or performed. There is no compelling rationale documented to support the medical necessity of a post-operative knee brace for this patient. Therefore, this request is not medically necessary.