MAXIMUS Federal Services

Case Number:	CM15-0217427		
Date Assigned:	11/09/2015	Date of Injury:	06/29/1995
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/04/2015

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: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on June 29, 1995. She reported injury to her knees. The injured worker was currently diagnosed as having gastritis-gastroesophageal reflux disease, hypertension, diabetes mellitus and orthopedic diagnoses. Treatment to date has included diagnostic studies, medication and braces. On September 13, 2011, an osteoarthritic knee cage brace was noted to be ordered for the right knee on an industrial basis during the course of treatment. On May 26, 2015, the injured worker was noted to be fitted with a special derotation brace which she stated was "enormously useful" and able to relieve a great deal of pain in her knee, although the pain in the knee has progressed and she has developed more significant problems with the knee. On July 9, 2015, the injured worker presented for a re-examination. She was noted to use a cane and derotation brace for the left knee. The brace was noted to work very well for her. Notes stated that a prescription was issues for new derotation braces. She also noted left shoulder symptoms and problems with her back. A new brace for her back was also recommended. On September 3, 2015, notes stated that the injured worker's brace looked old, worn out and almost ready to fall apart. She was noted to use the braces constantly. A new brace was noted to have been approved. On October 13, 2015, utilization review denied a request for knee braces: double upright custom brace, condyle pad, lower liner, upper liner, noncorrosive finish, suspension wrap and extension orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee braces: Double upright custom brace, condyle pad, lower liner, upper liner, noncorrosive finish, suspension wrap and extension orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Criteria for the use of knee braces.

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

Decision rationale: Per the MTUS Guidelines, the use of a knee brace is recommended for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In this case, there is no indication that the injured worker's knee is unstable. There is no indication that the injured worker has a condition that would benefit from the use of a knee brace. The request for knee braces: double upright custom brace, condyle pad, lower liner, upper liner, noncorrosive finish, suspension wrap and extension orthosis is determined to not be medically necessary.