

Case Number:	CM15-0222457		
Date Assigned:	11/18/2015	Date of Injury:	09/06/2012
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/12/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 58 year old male, who sustained an industrial injury on 9-6-12. He reported left knee pain and left wrist pain. The injured worker was diagnosed as having left patella chondromalacia and left knee meniscus tear. Treatment to date has included left knee arthroscopic partial medial meniscectomy and chondroplasty on 4-7-14, physical therapy, left knee injections, and use of a knee brace. On 5-11-15 physical exam findings included left knee retropatellar crepitus and negative McMurray's and Apley's tests. On 5-11-15, the injured worker complained of left knee tenderness. On 9-30-15 the treating physician requested authorization for a patella range of motion stabilizer dispensed on 5-16-14 and a double hinge knee brace dispensed on 8-20-14. On 10-20-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patella ROM Stabilizer Dispensed on 5/16/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg: Knee brace.

Decision rationale: Patella ROM stabilizer is a knee brace. Criteria of using knee braces are as follows: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability. 2. Ligament insufficiency/deficiency. 3. Reconstructed ligament. 4. Articular defect repair. 5. Avascular necrosis. 6. Meniscal cartilage repair. 7. Painful failed total knee arthroplasty. 8. Painful high tibial osteotomy. 9. Painful unicompartmental osteoarthritis. 10. Tibial plateau fracture. Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb. b. Varus [bow-legged] limb c. Tibial varum. d. Disproportionate thigh and calf (e.g., large thigh and small calf). e. Minimal muscle mass on which to suspend a brace. 2. Skin changes, such as: a. Excessive redundant soft skin. b. Thin skin with risk of breakdown (e.g., chronic steroid use). 3. Severe osteoarthritis (grade III or IV). 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain). 5. Severe instability as noted on physical examination of knee. In this case documentation in the medical record does not support that the patient's knee is unstable, has had recent meniscal repair, ligament instability or any of the other indications listed above. There is no medical indication for the patellar ROM stabilizer. The request is not medically necessary.

Double Hinge Knee Brace Dispensed on 8/20/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg: Knee brace.

Decision rationale: Criteria of using knee braces are as follows: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability. 2. Ligament insufficiency/deficiency. 3. Reconstructed ligament. 4. Articular defect repair. 5. Avascular necrosis. 6. Meniscal cartilage repair. 7. Painful failed total knee arthroplasty. 8. Painful high tibial osteotomy. 9. Painful unicompartmental osteoarthritis. 10. Tibial plateau fracture. Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb. b. Varus [bow-legged] limb. c. Tibial varum. d. Disproportionate thigh and calf (e.g., large thigh and small calf). e. Minimal muscle mass on which to suspend a brace. 2. Skin changes, such as: a. Excessive redundant soft skin. b. Thin skin with risk of breakdown (e.g., chronic steroid use). 3. Severe osteoarthritis (grade III or IV). 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain). 5. Severe instability as noted on physical examination of knee. In this case documentation in the medical record does not support that the patient's knee is unstable, has had recent meniscal repair, ligament instability or any of the other indications listed above. There is no medical indication for the Double hinged knee brace. The request is not medically necessary.

