

Case Number:	CM15-0222590		
Date Assigned:	11/18/2015	Date of Injury:	05/29/2010
Decision Date:	12/30/2015	UR Denial Date:	10/14/2015
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: 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 55-year-old female who sustained an industrial injury on 5/29/10. Injury occurred when she tripped and fell over boots left on steps. She underwent knee arthroscopy, three compartment synovectomy and partial lateral meniscectomy on 9/3/10. Records documented progressive knee pain that failed to improve with conservative treatment. She was diagnosed with a recurrent right knee meniscal tear. She underwent right knee diagnostic arthroscopy, partial medial meniscectomy, tricompartmental synovectomy, and chondroplasty of the patella, medial femoral condyle and lateral femoral condyle on 8/21/15. The 10/7/15 treating physician report cited constant grade 8-10/10 bilateral knee pain (right greater than left) associated with numbness, tingling, weakness, popping, clicking, and giving way. Pain was increased by walking on uneven surfaces, prolonged sitting, standing and walking, repetitive squatting and kneeling, negotiating stairs and heavy lifting, pushing and pulling. Pain was decreased by rest. Functional difficulty was reported in activities of daily living. Physical exam documented no swelling or effusion, normal patellar tracking, and tenderness over the medial and lateral right knee. Range of motion was within normal limits bilaterally but there was pain at extremes of motion. Authorization was requested for a post-operative Pro-ROM knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-Rom post-operative knee brace: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 been met. This injured worker presents status post meniscectomy and chondroplasty with on-going pain and functional difficulty. The use of a post-operative brace is supported following these surgical procedures. Therefore, this request is medically necessary.