

Case Number:	CM15-0033350		
Date Assigned:	02/26/2015	Date of Injury:	09/10/2011
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 37-year-old female who sustained an industrial related injury on 9/10/11. The injured worker had complaints of bilateral knee pain. Diagnoses included degenerative joint disease of the lumbar spine with moderate neural foraminal narrowing with discopathy, degenerative disease of the right knee, and status post ACL repair in 2007. Treatment included a Toradol/Marcaine/Lidocaine intramuscular injection. Medications included Tramadol, Ibuprofen, and Prilosec. Unfortunately the only medical report provided was handwritten and difficult to read. The treating physician requested authorization for the purchase of prefabricated bilateral functional knee supports. On 2/3/15, the request was non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule and Official Disability Guidelines. The UR physician noted the documentation submitted did not indicate why the brace was being ordered. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of prefabricated bilateral functional knee support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Knee Brace.

Decision rationale: The sole progress report provided dated 09/12/14 is hand written and mostly illegible and states that the patient presents with a flare up of bilateral knee pain. The current request is for PURCHASE OF PREFABRICATED FUNCTIONAL KNEE SUPPORT per the 01/16/15 RFA. The report does not state if the patient is working. ACOEM page 340 does state, "a brace can be used 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." ODG, Knee & Leg Chapter, Knee Brace, states recommended as indicated. Criteria are listed as: 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, and Tibial plateau fracture. The 09/12/14 report does not discuss the reason for this request. The only other report provided is the authorization request form of 01/19/15 that includes copies of guidelines but does not explain the need for this request. In this case, the information provided states the patient has degenerative disease of the right knee, and is status post ACL repair in 2007. Per the ACOEM and ODG guidelines listed above, the requested knee brace is not indicated for these conditions. The request IS NOT medically necessary.