

Case Number:	CM15-0039748		
Date Assigned:	03/10/2015	Date of Injury:	08/29/2014
Decision Date:	04/21/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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 42-year-old male, who sustained an industrial injury on 08/29/2014. He has reported left knee pain. The diagnoses have included status post left knee arthroscopy, partial medial meniscectomy, chondroplasty, medial femoral condyle and synovectomy; and advanced medial compartment osteoarthritis, left knee. Treatment to date has included medications, cortisone injection, physical therapy, and surgical intervention. Medications have included Ibuprofen. A progress note from the treating physician, dated 02/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of significant left knee pain; and cannot tolerate work due to left knee pain. Objective findings included significant tenderness in the left knee medial joint line; and decreased flexion of the left knee. The treatment plan has included prescription for medial unloader brace. Request is being made for Don Joy Playmaker hinged knee brace for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Don Joy Playmaker hinged knee brace for the left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official disability guidelines Knee Chapter, knee brace.

Decision rationale: This patient has a date of injury of 08/29/14 and is status post left knee arthroscopy on 11/14/14. The Request for Authorization is dated 02/09/15. The current request is for don joy playmaker hinged knee brace for the left knee. ACOEM pg 338, table 13-3 Methods of Symptom control for knee complaints, under Options, for meniscal tears, collateral ligament strain, cruciate ligament tear, "Immobilizer only if needed" Under Patellofemoral syndrome, a knee sleeve is an option. ODG Guidelines under the Knee Chapter does recommend knee brace for the following conditions, Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture. It further states, "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 all cases, braces need to be properly fitted and combined with a rehabilitation program." The treating physician states that the surgery "really did not help too much and he is still having significant pain." The patient is status post surgery and continues with pain, decrease ROM, trace effusion and tenderness. This request meets the ODG criteria for a knee brace. The request for a Left knee brace is medically necessary.