

Case Number:	CM15-0052110		
Date Assigned:	03/25/2015	Date of Injury:	08/05/2003
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/19/2015

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, Pain Management

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 57 year old female, who sustained an industrial injury on August 5, 2003. She has reported right shoulder pain, bilateral wrist pain, bilateral hand pain, lower back pain, bilateral knee pain, and right hip pain. Diagnoses have included lumbar discogenic condition, impingement syndrome of the right shoulder, bilateral carpal tunnel syndrome, right trochanteric bursitis, internal derangement of the bilateral knees, depression, sleep disorder, and anxiety. Treatment to date has included medications, knee bracing, use of a cane, transcutaneous electrical nerve stimulation unit, back brace, heat, cold therapy, wrist braces, shoulder surgery, wrist surgery, knee surgery, and imaging studies. A progress note dated February 11, 2015 indicates a chief complaint of right shoulder, bilateral wrists and hands, lower back pain, right hip, and bilateral knees. The treating physician documented a plan of care that included magnetic resonance imaging of the left knee, magnetic resonance imaging of the lumbar spine, nerve studies of the upper and lower extremities, left knee brace, repair or replacement of the right knee brace, cortisone injections of the knees, psychological consultation, home help, pool program, medications, and follow up on March 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of knee defiance molded plastic braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace.

Decision rationale: Regarding the request for a pair of knee defiance molded plastic braces, ACOEM Practice Guidelines state that 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 recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, 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. Within the documentation available for review, there is indication that the patient has the diagnoses meniscus repair of the right knee for which a knee brace is indicated. However, there is no clear documentation of diagnosis that would support the use of knee brace for the left knee. Furthermore, there is no clear reasoning why this specific model of knee braces were requested. Unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for a pair of knee brace is not medically necessary.