

Case Number:	CM15-0053463		
Date Assigned:	03/26/2015	Date of Injury:	12/04/2002
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/20/2015

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: 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 55 year old female with an industrial injury date of 12/04/2002. Diagnosis/assessment includes post left total knee revision. Prior treatments include medications, surgery, knee brace and home exercise program. She presents on 02/03/2015 with complaints of left knee being slightly unstable. Physical exam noted she walked with a mild left-sided limp and mild bent over posture. The provider notes she has lost approximately 40 pounds and her current knee brace is no longer stabilizing her left knee. The provider requests authorization for a new stabilization brace for left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee stabilizing brace with metal uprights: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Knee Braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace.

Decision rationale: The requested Knee stabilizing brace with metal uprights is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Table 13-6, page 346 note that knee braces are "Recommended: Short period of immobilization after an acute injury to relieve symptoms"; and Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) , Knee brace note "Knee brace: Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load." The injured worker has complaints of left knee being slightly unstable. Physical exam noted she walked with a mild left-sided limp and mild bent over posture. The provider notes she has lost approximately 40 pounds and her current knee brace is no longer stabilizing her left knee. The treating physician has not documented physical exam evidence of knee instability or the other criteria noted above. The criteria noted above not having been met, Knee stabilizing brace with metal uprights is not medically necessary.