

Case Number:	CM15-0055163		
Date Assigned:	03/30/2015	Date of Injury:	03/23/2012
Decision Date:	05/04/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 57 year old male with an industrial injury dated March 23, 2012. The injured worker diagnoses include history of quadriceps rupture of left knee with degenerative osteoarthritis, status post failed repair of left quadriceps rupture of left knee in 2012, status post failed revision repair of quadriceps tendon of the left knee in 2013, status post revision repair left quadriceps tendon in 2013, chondromalacia degeneration of the right knee, internal derangement of the right knee tear of medial cartilage or meniscus of right knee and degenerative disc disease, lumbar spine with lumbar radiculitis. He has been treated with diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 10/28/2014, the injured worker reported bilateral knee pain. Objective findings revealed well healed surgical scars, effusion over bilateral knees, tenderness to palpitation in bilateral knees, limitations in left knee motions, tenderness to palpitation in lumbar spine with guarding and limited range of motion. The treating physician prescribed a custom-molded upright knee brace for the left knee, drop lock for right side and left side of the knee, and drop lock retainer for right side and left side of the knee now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom-molded Upright knee brace for the left knee x 1 unit: Upheld

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 - Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation ODG: Knee and lower leg: Knee Brace.

Decision rationale: As per ACOEM guidelines, knee braces may have utility in situations where there is knee instability although it appears mostly psychological and is only recommended during situations of load to the knees such as climbing ladders or carrying heavy loads. The primary treating physician has not documented a knee exam consistent with knee instability. Patient has known quadricep weakness leading to lack of confidence. Patient also does not meet criteria for custom knee brace as per Official Disability Guidelines. There is not enough documentation to support medical necessity therefore custom left knee brace is not medically necessary.

Drop lock for Right side and Left side of the knee x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: As per ACOEM guidelines, knee braces may have utility in situations where there is knee instability although it appears mostly psychological and is only recommended during situations of load to the knees such as climbing ladders or carrying heavy loads. The primary treating physician has not documented a knee exam consistent with knee instability. Patient has known quadricep weakness leading to lack of confidence. There is not enough documentation to support medical necessity therefore drop lock brace is not medically necessary.

Drop lock retainer for Right side and Left side of the knee x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: As per ACOEM guidelines, knee braces may have utility in situations where there is knee instability although it appears mostly psychological and is only recommended during situations of load to the knees such as climbing ladders or carrying heavy loads. The primary treating physician has not documented a knee exam consistent with knee instability. Patient has known quadricep weakness leading to lack of confidence. There is not enough

documentation to support medical necessity therefore drop lock retainer is not medically necessary.