

Case Number:	CM15-0062148		
Date Assigned:	04/08/2015	Date of Injury:	10/20/2008
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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, who sustained an industrial injury on 10/20/2008. He reported injury to the right knee from while exiting a forklift. The injured worker was diagnosed as status post right knee arthroscopy, lumbar myoligamentous injury and gastritis. There were no recent diagnostic studies provided. Treatment to date has included surgery, physical therapy, lumbar epidural steroid injection, knee steroid injections and medication management. In progress notes dated 12/18/2014 and 12/23/2014, the injured worker complains of catching, clicking and popping of the right knee with pain and discomfort. The treating physician is requesting a right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 & Leg (Acute & Chronic)-Knee Brace.

Decision rationale: Right knee brace is not medically necessary per the MTUS Guidelines and the ODG. The ACOEM does discuss bracing of the knee in regards to acute knee injuries. The ACOEM does state that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional. The ACOEM does state that a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. The ODG states that the criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 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 unicompartamental osteoarthritis ;tibial plateau fracture. The ODG states that custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: valgus [knock-kneed] limb; varus [bow-legged] limb; tibial varum; disproportionate thigh and calf (e.g., large thigh and small calf); minimal muscle mass on which to suspend a brace; skin changes, severe osteoarthritis (grade III or IV); maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain); severe instability as noted on physical examination of knee. The documentation does not reveal evidence of instability. The documentation does not reveal that the patient is going to be stressing the knee under load. The progress note dated 12/23/14 stated that the patient received temporary relief from a knee brace therefore it is unclear why he needs a new one. Furthermore, it is unclear whether the request is for a prefabricated or custom knee brace.