MAXIMUS Federal Services

Case Number:	CM15-0086580		
Date Assigned:	05/08/2015	Date of Injury:	04/12/2013
Decision Date:	06/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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 31 year old female who sustained an industrial injury on 04/12/2013. Current diagnoses include right knee infrapatellar bursitis, right knee patellofemoral syndrome, right knee degenerative disc disease, and lumbar sprain/strain. Previous treatments included medication management, physical therapy, chiropractic, acupuncture, and steroid injections. Previous diagnostic studies include an MRI of the right knee and lumbar spine on 02/09/2015. Initial injuries included immediate knee pain after rising from a kneeling position. Report dated 03/11/2015 noted that the injured worker presented with complaints that included right knee and low back pain. Pain level was 3-4 out of 10 (low back) and 4-5 out of 10 (right knee) on a visual analog scale (VAS). Physical examination was positive for limited range of motion in the right knee secondary to pain, swelling in the anterior medial and lateral to right knee joint, tenderness to palpation medial and lateral aspect of the right knee joint line, right quadriceps atrophy, and positive tenderness over the right L4-5 and L5-S1 facet joints. The treatment plan included continue with physical therapy, continue Anaprox, continue to wear right knee brace, request for EMG, trial of Lidopro cream, and follow up in 4 weeks. Requests included naproxen sodium, Lidopro topical ointment, and wrap around hinged knee brace. The physician noted that the injured worker recently received a new brace, but it is worn and frayed and she requires a new one. Disputed treatments include wrap around hinged right knee brace XL. McMurray sign is positive and patellar grind test is positive. A review of imaging indicates that an MRI shows tricompartmental cartilage loss with fraying of the free edge of the lateral meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrap around hinged Right Knee Brace XL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 Wrap around hinged Right Knee Brace XL, Occupational Medicine 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 no indication that the patient has any of the diagnoses for which a knee brace is indicated, or any indication that the patient will be stressing the knee under load. In the absence of such documentation, the currently requested Wrap around hinged Right Knee Brace XL is not medically necessary.