

Case Number:	CM14-0133230		
Date Assigned:	08/22/2014	Date of Injury:	03/24/2012
Decision Date:	10/23/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old male who has submitted a claim for recurrent medial meniscal tearing, left knee and stable right knee, and status post arthroscopic partial meniscectomy associated with an industrial injury date of 03/24/2012. Medical records from March 2014 to July 2014 were reviewed and showed bilateral knee pain, more on the left, described as severe left knee pain. Physical examination showed central tenderness to palpation, (+) swelling, pain with range of motion, and 4/5 strength. Treatment to date has included right knee partial meniscectomy last September 2012. Patient uses a cane to ambulate. A request for left knee arthroscopic partial meniscectomy has been denied last March 2014. Progress notes dated May 15, 2014 cited a possible request for surgery in December may be made. Utilization review dated 08/18/2014 denied the request for post-operative knee brace since the request for a knee brace is not supported as there is no indication for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Brace

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. According to ODG, criteria for use of prefabricated knee braces include 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 unicompartmental osteoarthritis, and tibial plateau fracture. Custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. 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. In this case, patient has been complaining of left knee pain, however, physical examination findings did not show any evidence of knee instability. Moreover, there was no mention in the medical records provided for review that the patient would be stressing the knee under load. Likewise, a request for left knee partial meniscectomy has been denied last March 2014. Progress notes dated 05/15/2014 stated that a possible request for surgery may be made in December. There is no indication for a post-operative knee brace at this time. Therefore, this request is not medically necessary.