

Case Number:	CM14-0160586		
Date Assigned:	10/06/2014	Date of Injury:	02/24/2011
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 54 year old with an injury date on 2/24/11. Patient complains of ongoing right knee pain rated 8/10, with popping, clicking, locking, and giving way per 6/30/14 report. The patient is scheduled for a right knee replacement surgery, and is currently engaged in a home exercise program per 6/30/14 report. Based on the 6/30/14 progress report provided by [REDACTED] the diagnoses are: 1. low back syndrome, 2. sciatic neuritis, 3. bilateral knee osteoarthritis/degenerative joint disease, 4. s/p left knee arthroscopic meniscectomy on 10/24/13, 5. s/p right knee arthroscopic meniscectomy on 1/16/13, 6. bilateral knee medial meniscus complex tear, 7. bilateral knee tricompartmental osteoarthritis. Exam on 6/30/14 showed "right knee range of motion: -10 on extension to 110 on flexion. Pain/spasm noted upon flexion/extension of right knee." Patient's treatment history includes right shoulder rotator cuff repair, left knee arthroscopy on 10/24/13, and right knee arthroscopy on 1/16/13. [REDACTED] is requesting pro-ROM post-op knee brace, right knee. The utilization review determination being challenged is dated 9/5/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/20/14 to 9/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-ROM post-op knee brace, right knee: Overturned

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

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 online for knee braces

Decision rationale: This patient presents with right knee pain. The treater has asked for pro-ROM post-op knee brace, right knee on 6/30/14. ACOEM recommends knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. ODG guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. In this case, the patient presents with bilateral medial meniscus tear, and is s/p meniscectomy of right knee on 1/16/13. The requested post-op knee brace is medically necessary for this type of condition. Recommendation is for authorization.