

Case Number:	CM14-0168747		
Date Assigned:	10/16/2014	Date of Injury:	11/24/2003
Decision Date:	11/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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 Orthopedic Surgery, 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 injured worker is a 42 year old male who had a work-related injury on 11/24/03. The injured worker hurt his back while stripping tables and noticed increased pain referable to his lower back at his belt line. The injured worker could not stand up straight and experienced shooting pain referable to the lower extremities. He also experienced abdominal and testicular discomfort. The injured worker took anti-inflammatory medications to relieve pain. The injured worker received meniscus repair of the left knee in June of 2011 and on the right knee, November of 2012. Decrease in tenderness and swelling were noted postoperative right knee surgery. After which, the injured worker was approved for 12-18 physical therapy visits. The injured worker utilized knee braces. Diagnoses include multi-level lumbar disc protrusion status post lumbar fusion, bilateral lower extremity L5 radiculopathy, situational depression, bilateral knee pain with internal disruption, status post left knee arthroscopy, and status post right knee arthroscopy. In review of the medical records submitted, there is no physical examination of the injured worker's knees. Prior utilization review on 09/16/14 denied request for bilateral knee brace with hinges through ortho med.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee Braces With Hinges Thru Ortho Med; Upheld

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

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

Decision rationale: The request for bilateral knee brace with hinges through ortho med is not medically necessary. As noted in the Official Disability Guidelines 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 unicompartmental osteoarthritis, tibial plateau fracture. Even though the injured worker had meniscal repairs in 2011 of the left knee and 2012 of the right knee, there is not a recent knee examination that demonstrates a condition that warrants the use of the requested braces. As such, medical necessity has not been established.