MAXIMUS Federal Services

Case Number:	CM14-0174582		
Date Assigned:	11/14/2014	Date of Injury:	11/27/2012
Decision Date:	12/16/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/22/2014

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 Emergency 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:

Patient with reported date of injury on 11/27/2012. Mechanism of injury is a fall onto R knee. Patient has a diagnosis of degenerative joint disease of R knee. Medical reports reviewed. Last report available until 9/11/14. Patient complains of R knee pain. Objective exam reveals healed incision over R knee, mild antalgic gait, full range of motion, tricompartment crepitus and some pain. X-ray of R knee on 9/11/14 reportedly showed moderate degenerative joint disease. The Unloader brace was requested on visit on 6/9/14. Medications include Vicodin and Meloxicam. Independent Medical Review is for OA Unloader Brace-Custom for R knee. Prior UR on 9/16/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

OA Unloader Brace-Custom Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

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

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to directly to this topic. It has general guidelines on basic knee braces. As per Official Disability Guidelines unloader brace may be recommended in medial compartment osteoarthritis as it may help with pain. However, the documentation does not support criteria. Patient has noted full range of motion with no instability. There is no documentation of medial or lateral or tri-compartment osteoarthritis. Unloader brace is not medically necessary.