

Case Number:	CM14-0086721		
Date Assigned:	07/23/2014	Date of Injury:	10/28/2012
Decision Date:	10/06/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 50 year-old female who sustained an industrial injury on 10/28/2012 with onset of left knee pain. She reported significant pain and discomfort, which did not improve after surgical intervention. She had left knee diagnostic and operative arthroscopy on 12/20/13 which showed advanced osteoarthritis to the medial joint space as well as patellofemoral osteoarthritis grade 2. She also had medial and lateral meniscus tears which were debrided. She received only mild relief with Kenalog and surgical intervention. She was also recommended to have physical therapy as it was helping her symptoms significantly previously. On a recent exam of the left knee, range of motion (ROM) was 0-120 degrees limited due to leg size. There was significant tenderness to medial and lateral compartments. Gait was antalgic and the patient had difficulty doing single leg weight bearing and then unable to perform any squatting movements. There was positive patellofemoral crepitation and grind. The diagnosis was industrial injury to the left knee on 10/28/12, a magnetic resonance imaging (MRI) scan of the left knee confirming medial meniscus tear with medial and lateral compartment arthrosis and patellofemoral chondromalacia, and status post diagnostic and operative arthroscopy on 12/20/13 with medial meniscus tear, lateral meniscus tear and grade 3 medial compartment osteoarthritis and patellofemoral compartment osteoarthritis. Recommended treatment on 04/21/14 included Synvisc viscosupplementation and Ibuprofen. The request for urgent brace measurement and urgent Lycra undergarment, large was denied on 05/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brace Measurement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Knee brace (valgus) is recommended for knee osteoarthritis (OA). Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. However, there are no high quality studies that support or refute the benefits of knee braces for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. 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. There are no data in the published peer-reviewed literature that shows that custom-fabricated functional knee braces offer any benefit over prefabricated, off-the-shelf braces in terms of activities of daily living. Evidence that knee braces used for the treatment of osteoarthritis mediated pain relief and improve function by unloading the joint (increasing the joint separation) remains inconclusive. Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb b. Varus [bow-legged] limb c. Tibial varum d. Disproportionate thigh and calf (e.g., large thigh and small calf) e. Minimal muscle mass on which to suspend a brace 2. Skin changes, such as: a. excessive redundant soft skin b. thin skin with risk of breakdown (e.g., chronic steroid use) 3. Severe osteoarthritis (grade III or IV) 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain) 5. Severe instability as noted on physical examination of knee. In this case, the medical records do not document the above criteria; thus the request is not medically necessary per guidelines.

Lycra Undergarment, Large: Upheld

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

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

Decision rationale: Since the request for knee brace is not approved, the Lycra undergarment is also considered not medically necessary.

