

Case Number:	CM13-0022148		
Date Assigned:	11/13/2013	Date of Injury:	02/20/2008
Decision Date:	06/02/2015	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 69 year old male who sustained an industrial injury on 2/20/2008. His diagnoses, and/or impressions, included: left knee moderate osteoarthritis; mild-moderate medial joint space narrowing, bilateral knees, without fracture but with tricompartmental bone spur in the right knee; sleep disorder; and psychological issues. No current magnetic resonance imaging studies are noted. His current treatments are noted to include left knee arthroscopy (2009); physical therapy and home exercise program, intolerant to; and medication management. Progress notes of 7/15/2013 reported a follow-up visit regarding the pain in the left knee, rated as severe, and stated to be significantly improved on medications. The physician's requests for treatments were noted to include a hinged left knee brace for support of activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged Knee Brace Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg chapter.

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, Knee brace.

Decision rationale: Regarding the request for a knee brace, ACOEM Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits "may be more emotional than medical." Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, 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. Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated. The medical records including progress notes from 2/18/2013 and 3/13/2013 indicate that the worker has knee osteoarthritis. This was evident upon bilateral x-rays performed on 1/7/2013. There was no evidence of fracture or suggestion of instability. Given this pathology, a hinged knee brace is not appropriate per guideline criteria. The currently requested knee brace is not medically necessary.