

Case Number:	CM14-0212559		
Date Assigned:	12/29/2014	Date of Injury:	03/10/2009
Decision Date:	02/20/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54-year-old male with a 3/10/09 date of injury. His injury occurred when he was moving an appliance in an apartment. According to a progress report dated 11/20/14, the patient stated that his knee brace for his knees were broken. Objective findings: patient appeared very sad and spoke with short sentences. He walked with a cane. Diagnostic impression: bilateral knee pain, bilateral wrist pain, severe depression. Treatment to date: medication management, activity modification, knee braces, wrist braces. A UR decision dated 12/3/14 denied the request for 1 pair of osteoarthritic knee braces. The clinical documentation submitted failed to indicate that the patient is going to be stressing the knee under load, such as climbing stairs or carrying boxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pair of osteoarthritic Knee Braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340, 346-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340, Chronic Pain Treatment Guidelines Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter - Knee Brace

Decision rationale: CA MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG states that prefabricated knee braces may be appropriate for certain indications, such as knee instability, reconstructed ligament, articular defect repair, or tibial plateau fracture. However, in the present case, there is no documentation that this patient has knee instability. In addition, there is no documentation that his activities include stressing the knee under load. Therefore, the request for 1 pair of osteoarthritic Knee Braces is not medically necessary.