MAXIMUS Federal Services

Case Number:	CM14-0213328		
Date Assigned:	12/30/2014	Date of Injury:	12/19/2012
Decision Date:	02/27/2015	UR Denial Date:	12/07/2014
Priority:	Standard	Application Received:	12/19/2014

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: Physical Medicine & Rehabn

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 patient is a 52-year-old male with date of injury of 12/19/2012. The listed diagnoses from 10/15/2014 are 1. Status post prior right knee arthroscopy. 2. Right knee degenerative joint disease. According to this report, the patient complains of right knee pain. Examination reveals tenderness to palpation over the medial and lateral joint line on the right. McMurray's with internal and external rotation, patellar grind, and crepitus with range of motion are all positive on the right. Range of motion of the right knee is slightly diminished on the right. Dermatomes testing reveals intact sensation to pinprick and light touch throughout the bilateral lower extremities. Myotomes all tested 5/5 throughout the bilateral lower extremities. The arthrogram of the right knee from 07/03/2014 shows: 1. There is no evidence of findings consistent with postsurgical changes of the medial meniscus with findings of a tear of the posterior horn of the medial meniscus. The lateral meniscus appears intact. 2. Moderate to severe hypertrophic changes of the distal femur and proximal tibia are present. The MRI of the right knee from 07/03/2014 showed: 1. There are findings consistent with postsurgical changes of the medial meniscus with a tear in the remnant meniscus. Grade 2 signal is seen in the lateral meniscus. 2. No cruciate tear is present. 3. Moderate to severe hypertrophic changes are seen at the distal femur and proximal tibia. Treatment reports from 07/03/2014 to 10/18/2014 were provided for review. The Utilization Review denied the request on 12/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Titan ACL brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation knee and leg chapter for knee braces

Decision rationale: This patient presents with right knee pain. The patient is status post right knee arthroscopy from 05/10/2013. The treater is requesting Non-Certified Titan Acl Brace. The ACOEM Guidelines page 304 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more of emotional than medical. In all cases, braces need to be properly fitted and combined with a rehabilitation program. ODG under the knee and leg chapter for knee braces states that 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. The criteria for prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructive ligament, and anterior defect repair. The report making the request is missing. The MRI of the right knee showed postsurgical changes of the medial meniscus with a tear in the remnant meniscus. Grade 2 signal is seen in the lateral meniscus. There is moderate to severe hypertrophic changes at the distal femur and proximal tibia. In this case, the MRI of the right knee shows medial meniscus tear and the guidelines support the use of a knee brace with this condition. The request is medically necessary.