

Case Number:	CM14-0216969		
Date Assigned:	01/06/2015	Date of Injury:	05/14/2012
Decision Date:	03/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/29/2014

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 & Rehabilitation

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 43-year-old male with an injury date of 05/14/12. Based on the 11/14/14 progress report provided by treating physician, the patient complains of left knee pain with intermittent flare-ups. Patient is status post left knee meniscectomy 10/18/12 to repair horizontal tear of the medial meniscus. Physical examination on 11/14/14 revealed 2+ medial joint line tenderness on the right knee. Range of motion right versus left was 110/125 on flexion and 0/0 on extension. Patient's medications include Mobic and Norco. Patient has completed postoperative knee rehabilitation/ physical therapy. The patient is working full duty with permanent work restrictions. Diagnosis 11/14/14- current left knee meniscus tear- left knee joint pain. The utilization review determination being challenged is dated 11/24/14. The rationale is "modification of the request is recommended with approval of a standard prefabricated left knee brace." Treatment reports were provided from 10/18/12 - 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom left knee hinged brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic) Chapter under Knee brace

Decision rationale: The patient presents with left knee pain with intermittent flare ups. The request is for CUSTOM LEFT KNEE HINGED BRACE. Patient is status post left knee meniscectomy 10/18/12 to repair horizontal tear of the medial meniscus. Patient's diagnosis on 11/14/14 included current left knee meniscus tear. Patient has completed postoperative knee rehabilitation/ physical therapy. Patient's medications include Mobic and Norco. The patient is working full duty with permanent work restrictions. ODG-TWC, Knee & Leg (Acute & Chronic) Chapter under Knee brace states: "Recommended as indicated below. Criteria for the use of knee braces: 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." UR letter dated 11/24/14 states "modification of the request is recommended with approval of a standard prefabricated left knee brace." Treater has not provided reason why a custom fitted bracing is needed. ODG require abnormal limb contour, skin changes, severe osteoarthritis, severe instability, for example for custom-fabricated knee bracing. This patient may be appropriate for off-the-shelf brace but not custom knee bracing. The request IS NOT medically necessary.