MAXIMUS Federal Services

Case Number:	CM15-0002933		
Date Assigned:	01/13/2015	Date of Injury:	02/03/2014
Decision Date:	03/13/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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:

This 58 year old male sustained a work related injury on 02/03/2014. On 12/11/2014, the injured worker underwent arthroscopy right knee, anteromedial, anterolateral and superior synovectomy, medial meniscectomy and medial chondroplasty. According to a progress report dated 12/18/2014, the injured worker wore an ace wrap and had been ambulating with crutches except for 3 days since surgery. The injured worker felt improvement in pain and rated pain 3 on a scale of 0-10. He was doing his home exercise program along with stretching and walking. The wound looked good and he had no signs of edema. The provider recommended an unloader brace, the continuance of a home exercise program and postoperative physical therapy.On 12/26/2014, Utilization Review non-certified unloader brace right knee. According to the Utilization Review physician, the injured worker underwent an arthroscopic meniscectomy with no instability noted on his examination. Guidelines cited for this review included California MTUS ACOEM Knee Complaints page 339-340. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Uploader brace right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Knee & leg chapter, Knee bracing

Decision rationale: The patient presents with pain and weakness in his right knee. The patient is s/p right knee arthroscopy for meniscectomy among other things on 12/11/14. The request is for UPLOADER BRACE FOR RIGHT KNEE. The patient remains off work until 01/05/15. ACOEM Guidelines page 340 states, "A brace can be used for patellar instability, anterior cruciate ligament, ACL tear, or medial collateral ligament, MCL instability, although its benefits may be more emotional than medical." The ODG Guidelines under the knee chapter does recommend knee brace for the following conditions: Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture. It further states "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."There are some conflicting discussions among the guidelines regarding the use of knee bracing but the ODG guidelines support it for meniscal cartilage repair which this patient has had. The request IS medically necessary.