MAXIMUS Federal Services

Case Number:	CM15-0103738		
Date Assigned:	06/08/2015	Date of Injury:	07/24/1998
Decision Date:	07/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	05/29/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 07/24/1998. On 04/06/2015, the injured worker was seen for complaints of chronic severe left neck pain and headache due to cervical spondylosis that followed his industrial injury. He also suffered from chronic severe bilateral knee pain due to degenerative joint disease and was awaiting left total knee replacement. Treatment to date has included physical therapy, medial branch radiofrequency ablation and medications. Pain level was rated 10 on a scale of 1-10 without medications and 6 with mediations. Current pain level was 7. Medication regimen included Norco, Gabapentin, Lexapro, Prednisone, Xanax and Metformin Hcl. Physical examination of the lower extremity demonstrated left knee tenderness, swelling and decreased range of motion. The injured worker was wearing a load bearing brace. Assessment included depression, pain in joint lower leg, osteoarthrosis unspecified whether general/lower leg, cervical spondylosis without myelopathy, headache, and cervicalgia. The treatment plan included Norco, urine drug screening and continuance of care with named provider for possible knee surgery. The injured worker was temporarily totally disabled. An authorization request dated 05/18/2015 for an unloader knee brace was submitted for review. Currently under review is the request for an unloader brace for the left knee as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unloader brace for the left knee, as outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) (updated 05/05/2015) regarding knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Brace.

Decision rationale: The MTUS is silent regarding the use of a knee brace. According to the ODG, criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability 2. Ligament insufficiency/deficiency 3. Reconstructed ligament 4. Articular defect repair 5. Avascular necrosis 6. Meniscal cartilage repair 7. Painful failed total arthroplasty 8. Painful high tibial osteotomy 9. Painful unicompartmental osteoarthritis 10. Tibial plateau fracture. In this case the patient has a history of osteoarthritis of the knees and is awaiting surgical intervention (TKA). He has an appropriate diagnosis for a knee brace and continues to have pain. The brace is medically necessary.