

Case Number:	CM15-0122217		
Date Assigned:	07/06/2015	Date of Injury:	12/14/2009
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old male, who sustained an industrial injury on 12/14/2009. He reported acute left knee pain pushing merchandise. Diagnoses include status post left medial meniscectomy with residual chondromalacia patella 9/2/2010, lumbar strain with degenerative disc disease and nerve root impingement, depressions and anxiety, and per MRI dated 10/28/2014, left knee medial meniscus tear. Treatments to date include anti-inflammatory, analgesic, narcotic, and physical therapy and cortisone joint injections. Currently, he complained of left knee pain rated 7/10 VAS. On 5/21/15, the physical examination documented left knee swelling with decreased range of motion, tenderness, and laxity in ligaments of the knee. The plan of care included a left knee arthroscopy⁷ for partial medial and lateral meniscectomy and arthroscopic debridement and associated services including post-operative physical therapy, crutches, and purchase of a range of motion brace for the left knee. This appeal was to request authorization of the durable medical equipment of the range of motion brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion brace to the left knee for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter, Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee brace. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Knee brace is Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. 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 knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. 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. There is no clear and recent documentation of knee instability or ligament damage avascular necrosis or any other indication for knee brace. Therefore, the request is not medically necessary.