MAXIMUS Federal Services

Case Number:	CM15-0127205		
Date Assigned:	07/13/2015	Date of Injury:	10/28/2010
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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, Pain Management

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 female who sustained an industrial injury on 10/28/2010. Mechanism of injury was a mechanical fall. Diagnoses include status post left knee arthroscopy with meniscectomy and chondroplasty and synovectomy, left knee chondromalacia of the patella, bilateral L5 radiculopathy and polyneuropathy, cervical spine disc herniation with NF stenosis, spondylolisthesis, L4-L5, thoracic spine and lumbar spine strain with pre-existing scoliosis, lumbar spine disc herniations with radicular complaints and injury to left breast implant. Treatment to date has included diagnostic studies; status post left knee arthroscopy with partial medial and lateral meniscectomy and tricompartmental synovectomy and chondroplasty on 08/29/2013, cortisone injections, viscosupplementation injections, and medications. Her medications include a Butrans patch, Ibuprofen, Tizanidine, and Norco. A physician progress note dated 06/12/2015 documents the injured worker complains of ongoing lower back pain and left knee pain. She has been trying to walk more but has been unable to due to knee pain. She reports that Norco has not been covering her pain. She has restricted lumbar range of motion. Her left knee pain is causing significant activity limitation and a custom left knee brace for comfort and support. A custom brace is necessary, as the patient is larger. The injured worker was provided with Norco 5/325mg, as she wanted to begin weaning off the medication. However, she reports this did not cover her pain and she wanted to go back to Norco 10/325mg. This was discussed and she has agreed to use Norco 10/325mg but reduced the tables per month. Treatment requested is for a custom knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom knee 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 (ODG), Knee & Leg Chapter (Online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace.

Decision rationale: Regarding the request for a knee brace, ACOEM Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits "may be more emotional than medical." 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. ODG recommends valgus knee braces for knee osteoarthritis. ODG also supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. However, for these conditions, a prefabricated brace is recommended.Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a custom knee brace is indicated. In fact, a review of the record indicates that the patient had previous meniscectomy and synovectomy, which are indications for a trial of a prefabricated brace rather than a custom one. In the absence of such documentation, the currently requested knee brace is not medically necessary.