

Case Number:	CM15-0175749		
Date Assigned:	09/17/2015	Date of Injury:	07/17/2002
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 7-17-2002. The medical records indicate that the injured worker is undergoing treatment for bilateral knee sprain with history of three scopes. According to the progress report dated 8-3-2015, the injured worker complains of bilateral knee pain, right greater than left, associated with buckling, giving way and difficulty ascending and descending stairs. The pain is rated 7 out of 10 on a subjective pain scale. The physical examination of the bilateral knees reveals tenderness to palpation, positive crepitus, and positive patellar grind. The current medications are not specified. Treatment to date has included medication management, home exercise program, and surgical intervention. Work status is described as not working; retired. The original utilization review (8-24-2015) had non-certified a request for specialty brace for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialty Brace, Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Criteria for use of Knee Brace.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, braces.

Decision rationale: The MTUS addresses knee braces and states that such devices may be used for patellar instability, ACL tear, or MCL instability although benefits are more related to increased patient security/confidence rather than actual increased anatomic stability. In general the MTUS only recommends knee braces for patients who will be stressing their knee under a load (ie ladder climbing, carrying objects, etc.). In general, knee braces are usually unnecessary for the average patient. The ODG Guidelines also address knee braces, and in the case of custom-fabricated braces, recommend consideration in cases where conditions preclude the use of a prefabricated model. These conditions may include: abnormal limb contour (varus/valgus deformity, etc.), risk of skin breakdown, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, severe instability, etc. In this case, utilization review has denied a bilateral specialty braces, and based on the provided records, it is unclear as to the reason braces are being requested. There is no indication of need to offload the medial joint line or provide additional stability due to ligamentous damage, etc. The note that appears to be the requesting document has a box checked for knee brace, and a hand written "off the shelf" indicates that custom fabrication is not being requested, but the type of brace is unspecified. Therefore, based on the guidelines and provided records, in the opinion of this reviewer the request for bilateral unspecified knee braces is not medically necessary without further information.