

Case Number:	CM15-0046688		
Date Assigned:	04/14/2015	Date of Injury:	12/10/2013
Decision Date:	05/27/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/12/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 28 year old female, who sustained an industrial injury on 12/10/2013. She reported falling and injuring her right knee. The injured worker was diagnosed as having right knee osteochondral allograft stable, muscle atrophy, and comorbid lower back problems with altered gait. Treatment to date has included medications, vitamins, right knee surgery, and physical therapy. The request is for a custom unloader knee brace. The records indicate she reports trying to avoid medications and going to a natural doctor for vitamin shots, which she feels, are helping her pain. On 2/9/2015, she indicates her right knee pain to have been improved with physical therapy. The treatment plan is for a knee brace, physical therapy, and follow-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Right Knee Medical Compartment Unloader Brace to Unload Medial Knee:

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 & Leg, Criteria for the use of knee braces.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 340. Activity Alteration. Knee Complaints Page(s): 340. Activity Alteration. Knee Complaints..

Decision rationale: MTUS guidelines states that "a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Regarding this patient's case, it would appear that a brace is medically reasonable, but a "custom" brace is not medically necessary. Likewise, this request for a custom brace is not medically necessary.