

Case Number:	CM15-0067780		
Date Assigned:	04/15/2015	Date of Injury:	11/09/2006
Decision Date:	05/14/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/09/2015

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 52 year old male, who sustained an industrial injury on 11/09/2006. Diagnoses include internal derangement of the knee on the right status post medial meniscectomy, internal derangement of the knee on the left and chronic pain syndrome. Treatment to date has included surgical intervention (right knee meniscectomy 10/2013), diagnostics including magnetic resonance imaging (MRI), physical therapy, TENS, bracing, injections, medications and work restrictions. Per the Primary Treating Physician's Progress Report dated 3/03/2015, the injured worker reported 7/10 right knee pain with a persistent sense of weakness that is improved with medication. Physical examination revealed 175 degrees of extension, 110 degrees of flexion with a positive McMurray sign and tenderness along the medial joint line with weakness to resisted function and effusion. The plan of care included surgical intervention, medications, TENS supplies and bracing and authorization was requested for a DonJoy brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: DonJoy Brace (Defiance Brace Molded Plastic, Lower Knee Addition and Upper Knee Addition): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, 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 DonJoy brace to offload the medial joint line, but the patient is status post medial meniscectomy and remains in clear distress per the provided documents. In order to provide maximal offloading of the joint and ideally move the patient toward decreased pain medication requirements and ultimately return to work, the request for a custom off-loader brace is reasonable and appropriate at this time. Therefore, based on the guidelines and provided records, in the opinion of this reviewer the request for a custom off-loading knee brace is medically appropriate.