MAXIMUS Federal Services

Case Number:	CM15-0068842		
Date Assigned:	04/16/2015	Date of Injury:	05/19/2009
Decision Date:	06/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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: Internal 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 53 year old male, who sustained an industrial injury on 05/19/2009. He has reported injury to the bilateral knees and the low back. The diagnoses have included internal derangement of the knee bilaterally; and discogenic lumbar condition, with radicular component down the lower extremities. Treatment to date has included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulation) unit; injections to the bilateral knees, and home exercise program. Medications have included Ultracet, Flexeril, and Nalfon. A progress note from the treating physician, dated 02/17/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the bilateral knees. Objective findings included tenderness along the joint line with weakness to resisted function is noted to the bilateral knees; decreased range of motion; tenderness along the patella; positive inhibition test; and positive compression test. The treatment plan has included the request for the purchase of Defiance brace molded plastic for right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Defiance brace molded plastic for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses knee braces. American College of Occupational and Environmental Medicine (ACOEM) Chapter 13 Knee Complaints indicates that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability. Prophylactic braces are not recommended. The primary treating physician's progress report dated 2/17/15 documented that the patient does have his regular knee braces but not the custom braces. MRI showed arthritic changes, tricompartmental on the left and severe along the medial compartment of the knee on the right. Treatment recommendation was to suggest that the patient have custom unloading braces for both knees. Custom braces for both knees were requested. Objective findings was documented. Blood pressure was 120/76. Pulse was 60. Tenderness along the joint line with weakness to resisted function is noted. The knees have 180 degrees of extension, 115 degrees of flexion on the right and 110 degrees on the left. Ankle dorsiflexion is 15 degrees and plantar flexion is 40 degrees. Tenderness along the joint line is noted, especially laterally. Tenderness along the patella, medial and lateral is noted. He has a positive inhibition test and positive compression test. Abnormal limb contour was not documented. Knee joint instability was not documented. The primary treating physician's progress report dated 2/17/15 documented that the patient has regular knee braces. No rationale was given for supplying new knee braces, when the patient currently has regular knee braces. There were no problems or deficiencies noted with the current knee braces. Therefore, the request for custom-fabricated knee braces is not supported. Therefore, the request for knee braces is not medically necessary.