

Case Number:	CM15-0073179		
Date Assigned:	04/23/2015	Date of Injury:	09/21/2005
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

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 52 year old female, who sustained an industrial injury on 09/21/2005. She has reported injury to the bilateral knees. The diagnoses have included post-traumatic arthritis of bilateral knees; and right knee effusion. Treatment to date has included medications, diagnostics, bracing, and injections. A progress note from the treating physician, dated 03/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased pain and swelling as well slight instability of the bilateral knees. Objective findings included exquisite tenderness across the joint line; McMurray examination is positive; palpable effusion in the right knee; and no effusion in the left knee. The treatment plan has included the request for OTS (off-the shelf) medial unloader for the left knee; and retrospective request: knee M-brace dispensed on 03/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

OTS medial unloader for the left 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Unloader braces for the knee.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for bilateral knee pain with a diagnosis of progressive osteoarthritis. When seen, there was joint line tenderness and positive McMurray testing. There was no ligamentous laxity. There was a right knee effusion. An unloader brace for the knee is designed specifically to reduce the pain and disability associated with osteoarthritis of the medial compartment of the knee by bracing the knee in the valgus position in order to unload the compressive forces on the medial compartment and shifting these to the lateral compartment. It is recommended as a treatment option. In this case, the claimant has progressive knee osteoarthritis but there is no reported imaging that supports relative medial compartment degenerative joint disease. The requested brace was not medically necessary.

Retrospective request: Knee M-brace dispensed DOS 3/20/15: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for bilateral knee pain with a diagnosis of progressive osteoarthritis. When seen, there was joint line tenderness and positive McMurray testing. There was no ligamentous laxity. There was a right knee effusion. An M brace is a non custom brace intended to provide medial and lateral collateral ligament support as well as stabilize the patella. In this case, there is no evidence of ligamentous laxity and therefore the requested M brace is not medically necessary.