

Case Number:	CM15-0074930		
Date Assigned:	04/24/2015	Date of Injury:	03/04/1998
Decision Date:	05/22/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/20/2015

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, Indiana, New York
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 52 year old male who sustained an industrial injury on 3/4/98. The injured worker reported symptoms in the right knee. The injured worker was diagnosed as having knee osteoarthritis and moderate right effusion of knee. Treatments to date have included oral pain medication, knee brace, activity modification, status post right total knee replacement, home exercise program, and physical therapy. Currently, the injured worker complains of right knee pain. The plan of care was for a custom knee brace and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: 1 Custom Right Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Braces.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, retrospective custom right knee brace is not medically necessary. The ACOEM Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients a knee brace can increase confidence which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured workers working diagnoses are knee osteoarthritis; and moderate right effusion knee. On November 9, 2011, the injured worker underwent arthroscopy of the right knee; extensive synovectomy; extensive lysis of adhesions; extensive chondroplasty of the patella; excessive chondroplasty of the medial compartment; and post manipulation. On August 1, 2014, the injured worker had a revision right knee patellofemoral joint replacement. The injured worker has been using a custom knee brace since the prior surgery dated August 1, 2014. According to the treating provider, the brace has been worn out and slips. Subjectively, according to a February 25, 2015 progress note, the injured worker is doing well and can walk long distances with some pain. The pain is usually anterior. There are some neuropathic changes in the right foot (old). Objectively, the injured worker has made joint line tenderness with some patella- femoral tenderness with a mild effusion. Range of motion is full with some pain. There is no anterior, valgus or varus instability present. There is no weakness present. There is tenderness. Gait is normal. The ACOEM Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. There is no documentation of patellar instability, ACL tear or MCL instability. The injured worker is able to ambulate long distances. The injured worker does not want to attend physical therapy (associated with the use of a knee brace). Consequently, absent clinical documentation with a clinical indication for the continued use of a knee brace with minimal subjective complaints and objective clinical findings on physical examination and normal gait, retrospective custom right knee brace is not medically necessary.

Prospective: 1 High Strength Material Interface Line (thigh): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Braces.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one high-strength material interface lining (thigh) is not medically necessary. The ACOEM Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear

or MCL instability, but in some patients a knee brace can increase confidence which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured workers working diagnoses are knee osteoarthritis; and moderate right effusion knee. On November 9, 2011, the injured worker underwent arthroscopy of the right knee; extensive synovectomy; extensive lysis of adhesions; extensive chondroplasty of the patella; excessive chondroplasty of the medial compartment; and post manipulation. On August 1, 2014, the injured worker had a revision right knee patellofemoral joint replacement. The injured worker has been using a custom knee brace since the prior surgery dated August 1, 2014. According to the treating provider, the brace has been worn out and slips. Subjectively, according to a February 25, 2015 progress note, the injured worker is doing well and can walk long distances with some pain. The pain is usually anterior. There are some neuropathic changes in the right foot (old). Objectively, the injured worker has made joint line tenderness with some patella- femoral tenderness with a mild effusion. Range of motion is full with some pain. There is no anterior, valgus or varus instability present. There is no weakness present. There is tenderness. Gait is normal. The ACOEM Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. There is no documentation of patellar instability, ACL tear or MCL instability. The injured worker is able to ambulate long distances. The injured worker does not want to attend physical therapy (associated with the use of a knee brace). Absent clinical documentation with a clinical indication for the continued use of a knee brace with minimal subjective complaints and objective clinical findings on physical examination and normal gait, retrospective custom right knee brace is not medically necessary. If the retrospective custom right knee brace is not medically necessary, one high-strength material interface lining (thigh) is not medically necessary.

Prospective: 1 High Strength Material Interface Liner (tibial): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Braces.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, one high-strength material interface lining (tibial) is not medically necessary. The ACOEM Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability, but in some patients a knee brace can increase confidence which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The Official Disability Guidelines enumerate the criteria for the use of knee braces both prefabricated and custom fabricated. In this case, the injured workers working diagnoses are

knee osteoarthritis; and moderate right effusion knee. On November 9, 2011, the injured worker underwent arthroscopy of the right knee; extensive synovectomy; extensive lysis of adhesions; extensive chondroplasty of the patella; excessive chondroplasty of the medial compartment; and post manipulation. On August 1, 2014, the injured worker had a revision right knee patellofemoral joint replacement. The injured worker has been using a custom knee brace since the prior surgery dated August 1, 2014. According to the treating provider, the brace has been worn out and slips. Subjectively, according to a February 25, 2015 progress note, the injured worker is doing well and can walk long distances with some pain. The pain is usually anterior. There are some neuropathic changes in the right foot (old). Objectively, the injured worker has made joint line tenderness with some patella- femoral tenderness with a mild effusion. Range of motion is full with some pain. There is no anterior, valgus or varus instability present. There is no weakness present. There is tenderness. Gait is normal. The ACOEM Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. There is no documentation of patellar instability, ACL tear or MCL instability. The injured worker is able to ambulate long distances. The injured worker does not want to attend physical therapy (associated with the use of a knee brace). Absent clinical documentation with a clinical indication for the continued use of a knee brace with minimal subjective complaints and objective clinical findings on physical examination and normal gait, retrospective custom right knee brace is not medically necessary. If the retrospective custom right knee brace is not medically necessary, one high-strength material interface-lining (tibial) is not medically necessary.