

Case Number:	CM15-0092171		
Date Assigned:	05/18/2015	Date of Injury:	04/16/2012
Decision Date:	06/22/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 50-year-old male, who sustained an industrial injury on April 16, 2012, incurring right knee injuries. Magnetic Resonance Imaging of the right knee revealed chondromalacia. He underwent a high tibial osteotomy, and anterior cruciate ligament reconstruction. Treatment included physical therapy, pain medications and work restrictions. Right knee pain persisted with activities and movement. Currently, the injured worker complained of right knee instability, stiffness and persistent knee pain. He underwent right knee hardware removal on March 13, 2015 and a knee brace was provided. The treatment plan that was requested for authorization included a retrospective purchase KO adjustable knee joints, positional orthopedic addition to knee joint drop lock for right knee with date of service March 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MBR Retro Purchase KO Adjustable Knee Joints, Positional Ortho Addition to Knee Joint Drop Lock for Right Knee DOS 3/13/15: 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 Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace.

Decision rationale: The ACOEM Practice Guidelines, Knee Complaints Chapter Page 340 state the following: "Activities and postures that increase stress on a structurally damaged knee tends to aggravate symptoms. Patients with acute ligament tears, strains, or meniscus damage of the knee can often perform only limited squatting and working under load during the first few weeks after return to work. Patients with prepatellar bursitis should avoid kneeling. Patients with any type of knee injury or disorder will find prolonged standing and walking to be difficult, but return to modified-duty work is extremely desirable to maintain activities and prevent debilitation. 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." Further guidelines are found in the ODG, which supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Within the documentation available for review, there is indication that the patient has had high tibial osteotomy and ACL reconstruction, which warrants a knee brace. The guidelines do not specifically advocate for a certain model of knee brace and thus it should be left to the surgeon's discretion within reason. This brace appears to be able to lock and adjust at a hinge, and the currently requested knee brace/hinge is medically necessary.