

Case Number:	CM15-0093153		
Date Assigned:	05/19/2015	Date of Injury:	11/03/2004
Decision Date:	06/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/14/2015

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: 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 47-year-old female, with a reported date of injury of 11/03/2004. The diagnoses include axial low back pain due to facet-mediated pain at right L5-S1 level, right knee internal derangement with arthroscopy, synovectomy, and plica release, and chronic pain syndrome. Treatments to date have included knee surgery in 2006, x-rays of the knees which showed loss of articular surface, an MRI of the lumbar spine which showed multilevel disc disease, lumbar right facet joint injection, and oral medications. The medical report dated 04/29/2015 indicates that the injured worker had quite a bit of pain in both of her knees. She also had low back pain. The objective findings include tenderness along both knees and medial greater than lateral joint line, ability to stand on toes and heels, ability to squat less than halfway, decreased lumbar range of motion, tenderness across the lumbar paraspinal muscles, and pain with facet loading. The treating physician requested a Defiance brace molded plastic for the lower knee and upper knee addition for the left knee and right knee. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Defiance brace molded plastic lower knee and upper knee addition for the left knee:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

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

Decision rationale: The MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial 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. Defiance brace molded plastic lower knee and upper knee addition for the left knee is not medically necessary.

Defiance brace molded plastic lower knee and upper knee addition for the right knee:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

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

Decision rationale: The MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial 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. Defiance brace molded plastic lower knee and upper knee addition for the right knee is not medically necessary.