

Case Number:	CM14-0175134		
Date Assigned:	10/28/2014	Date of Injury:	10/10/2000
Decision Date:	12/04/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old female with an injury date of 10/10/00. Based on QME report dated 01/20/14, the patient complains of knee pain. He presents with a brace on his left knee. Physical examination revealed healed arthroscopic portals over the left knee, and tenderness to palpation over the left medial joint line and over the pes bursa insertion bilaterally. Progress report dated 09/08/14 by [REDACTED], states that patient complains of right knee pain. Patient is working full time. Per progress report dated 03/13/14, patient is doing better with bike riding. His medications include Vicodin, Valium, Celebrex and Tramadol. Treater is requesting knee brace replacement for the left knee. Diagnosis on 01/20/14 included: cervical sprain and strain with no objective findings of cervical radiculopathy, lumbar sprain and strain superimposed upon degenerative spondylosis and multiple level disc protrusions, per MRI, with left lumbar radiculopathy, history of left sternal separation and four left rib fractures, left elbow contusion/sprain, status post left knee arthroscopy and chondroplasty, degenerative osteoarthritis of bilateral knees. Diagnosis on 09/08/14 included: lumbar spondylosis without myelopathy-DJD, arthritis, cervical spine, old bucket handle tear of medial meniscus. [REDACTED] is requesting 1 Don Joy CTI Knee Brace From American Orthotics And Prosthetics. The utilization review determination being challenged is dated 10/22/14. The rationale is "this appears to be a duplicate request as it was certified on 09/10/14 and a second brace does not appear necessary." [REDACTED] is requesting provider and she provided treatment reports from 01/20/14 - 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Don Joy CTI Knee Brace From American Orthotics and Prosthetics: 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): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee brace, Knee & Leg (Acute & Chronic)

Decision rationale: The patient is status post left knee arthroscopy and chondroplasty and presents with left knee pain. The request is for 1 Don Joy CTI Knee Brace From American Orthotics and Prosthetics. Patient diagnosis dated 09/08/14 included old bucket handle tear of medial meniscus. Patient diagnosis on 01/20/14 included bilateral degenerative osteoarthritis. Per progress report dated 03/13/14, patient is doing better with bike riding. Knee sleeves are not specifically discussed in any of the guidelines including MTUS, ACOEM and ODG. There is a discussion for knee bracing for which ACOEM recommends "knee brace 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." ODG guidelines allow knee bracing for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, meniscal cartilage repair, painful knee arthroplasty, etc. Treater is requesting knee brace replacement for the left knee. Medical records indicate that patient is working and bike riding with the knee brace. Patient diagnosis of medial meniscus tear and history of arthroplasty is in line with ODG guidelines. Recommendation would be for authorization, however per UR letter dated 10/20/14, "this appears to be a duplicate request as it was certified on 09/10/14 and a second brace does not appear necessary." The request for 1 Don Joy CTI Knee Brace is not medically necessary.