

Case Number:	CM13-0011657		
Date Assigned:	12/04/2013	Date of Injury:	01/05/2008
Decision Date:	02/19/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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.

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 60 year old male, with DOI of 1/5/2008 with a diagnosis of knee and leg sprain. The patient had a left knee arthroscopy on 4/19/2013. MRI showed tear of posterior horn of medial meniscus. The patient has been treated with medication, PT, and synisc injections. The patient on exam for RFA has tenderness at the patellar region, with positive lachmans and valgus stress testing bilaterally. MRI of left knee on 7/19/2013 shows abnormality of posterior horn of medial and lateral meniscus, with fluid in the joint space and tendonitis of quadriceps insertion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee brace left knee: 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 rationale: MTUS recommends knee braces only for specific injuries and if the patient is going to be active where he places a heavy load on the knee. There is no indication the patient has ligament tear, however the patient has positive laxity. But there are no reports of the knee giving way or other issues of laxity. As there is no indication of returning to work or working with a load, the knee brace is not necessary as per MTUS