

Case Number:	CM13-0014031		
Date Assigned:	12/18/2013	Date of Injury:	01/05/2008
Decision Date:	02/11/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/19/2013

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 Orthopedic Surgery and is licensed to practice in Ohio, Pennsylvania, and Texas. 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. 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:

This case involves a 60-year-old gentleman, with an initial date of injury of January 5, 2008, when he sustained a right knee injury after stepping off of a forklift. He was initially diagnosed with a knee sprain/strain. The patient apparently underwent a knee arthroscopy, dated April 19, 2013, at which time he underwent a medial lateral meniscectomy. According to the notes available for review, at the time of surgery, the patient was noted to have a "good" range of motion with no laxity appreciated. Please also note on a physical examination with [REDACTED] dated June 14, 2013, the patient's knee exam showed symmetrical alignment with range of motion of 5 to 135 degrees bilaterally. There was no evidence of any instability on the exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee brace for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation Knee & Leg (updated 06/07/13).

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 Braces.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a brace can be used for "patellar instability, ACL or MCL instability." The guideline goes on to indicate, "For the average patient use of a brace is usually unnecessary." The Official Disability Guidelines indicate that knee braces may be utilized for the following conditions: 1) Knee instability. 2) Ligament insufficiency. 3) Reconstructed ligament. 4) Articular defect repair. 5) Avascular necrosis. 6) Meniscal cartilage repair. 7) Painful total knee arthroplasty. 8) Painful high tibial osteotomy. 9) Painful unicompartmental osteoarthritis. 10) Tibial plateau fracture. Based on the records made available for review, it does not appear that any of the conditions are met in this case. After a professional and thorough review of the documents my analysis is that the above listed issue of knee brace does not appear to be medically necessary. My rationale for why the requested treatment is not medically necessary includes the relevant findings on exam by [REDACTED] as well as the documentation of the surgical intervention that was provided.