

Case Number:	CM13-0014133		
Date Assigned:	03/26/2014	Date of Injury:	01/28/2013
Decision Date:	04/25/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/20/2013

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, has a subspecialty in Pain 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 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 48 year old male who was injured on 01/28/2013. The patient tried to avoid a co-worker who was backing up on a narrow platform, the patient stepped wrong and felt a pop in the left knee. Prior treatment history has included Motrin and Ultracet. Diagnostic studies reviewed include MRI of the left knee dated 06/13/2013 revealing acute Grade III tear involving posterior horn of the medial meniscus; there was a mild Grade I anterior cruciate ligament sprain and subtle Grade I sprain of the MCL noted surrounded by fluid and edema. Progress note dated 06/26/2013 documented the patient to have complaints of left knee pain that has increased and the Ultracet did not help much. He has difficulty with activities of daily living due to the pain. The pain is in the medial aspect of the left knee. The patient cannot stand or walk too much. The right knee is bothersome which the patient states are due to guarding the left knee and putting more weight on the right knee. Objective findings on exam included left knee exam which showed mild puffiness of the medial and peripatellar region on the left side of the knee joint as compared to the right. The right knee exam showed minimal tenderness of the right medial knee. No effusion is noted. No ballottment is noted. Flexion is to 130 degrees. Neurological exam revealed a subtle limp due to guarding of the left knee. Diagnosis: Left knee strain, rule out internal derangement such as meniscal tear, ligamentous tear, etc. Recommendation/Plan: Knee brace with a patellar opening. The patient is to use it when there is significant flare-up of his knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF KNEE ORTHOSIS, ELASTIC WITH CONDYLE PADS 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Knee Brace

Decision rationale: According to ODG criteria, knee orthosis (brace) are appropriate for specific medical conditions, such as knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, failed knee arthroplasty, pain after tibial osteotomy, painful osteoarthritis, or tibial plateau fracture. The medical records do not document any of these conditions or diagnoses. The history and physical document pain and minimal swelling of the left knee with guarding on physical exam. Based on the lack of sufficient evidence of having one or more of the above diagnoses, the request is non-certified.