

Case Number:	CM13-0022801		
Date Assigned:	11/13/2013	Date of Injury:	01/05/2012
Decision Date:	02/04/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

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 Family Practice and is licensed to practice in 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:

The patient reported a work-related injury on 01/05/2012; mechanism of injury was result of a fall. Subsequently, the patient is status post anterior cruciate ligament (ACL) reconstruction as of 04/2012. The clinical note dated 10/01/2013 reports the patient was seen under the care of [REDACTED] for right knee pain complaints. The provider documents the patient, as of 05/2013, reports increase in severe pain as result of weightbearing. The provider documents the patient reports continued persistent significant pain about the right knee. The patient is unable to ambulate for distance and unable to exercise. The provider documents upon physical exam of the patient's right knee, ligamentous laxity was negative, all ligaments were stable throughout the range, negative anterior drawer, and negative Lachman's. The provider documented range of motion was at 5 degrees to 120 degrees. The provider documents x-rays of the patient's left knee standing, AP, and lateral films, revealed bone-on-bone collapse medially and irregularity of the medial femoral condyle consistent with osteochondral defect. The provider documented recommendation for the patient to undergo right medial unicompartmental knee arthroplasty

IMR ISSUES, DECISIONS AND RATIONALES

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

The request is for OA fullforce brace for right 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: The current request is not supported. The patient presented in 10/2013 for recommendations to undergo a unicompartmental knee arthroplasty. However, whether or not this was in fact implemented is unclear via the clinical notes. Additionally, the clinical documentation submitted for review reports in 07/2013, [REDACTED] recommended an unloader brace for the patient's right knee. The provider documented the patient was utilizing an ACL brace, but an unloader brace was noted to be helpful to unload the patient's medial compartment and might diminish symptoms and afford the patient more time before surgical interventions. However, the clinical notes failed to document the patient: (1) had undergone surgical interventions to the knee indicative of a unicompartmental arthroplasty and (2) that the patient presented with any instability about the knee. California MTUS/ACOEM indicates a brace can be utilized for patellar instability, ACL tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Given the clinical notes did not reveal the patient had any objective findings of instability about the knee and it is unclear whether or not the patient did undergo surgical interventions to the knee indicative of a unicompartmental arthroplasty, the request for OA fullforce brace for right knee is not medically necessary or appropriate