

Case Number:	CM13-0024969		
Date Assigned:	12/13/2013	Date of Injury:	04/21/2012
Decision Date:	05/27/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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:

This patient is a 37-year-old female who sustained an injury at work in April 2012. She felt a popping sensation in her knee while carrying linens up the stairs that resulted in a fall. She has had persistent pain in her left knee mainly anteriorly but eventually it became diffuse with no distinct area of tenderness. She no longer has any swelling. Her treatment has been to wear a long leg hinged brace with a neoprene sleeve, which she wears when she is not in bed. According to the examination of November 18, 2013, the examiner felt that the patient was showing improvement with less avoidance posturing and she could walk gingerly with a minor limp and not use any external support. There was diffuse tenderness mainly over the anteromedial side of the knee and along both joint lines. Ligament testing was negative. Range of motion was 0-90° actively and there is was crepitation. Patellofemoral tracking was normal. An MRI showed an anterior cruciate ligament strain and a minor signal change that could represent a partial tear of the medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT DME- POST OPERATIVE KNEE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340-341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee brace.

Decision rationale: While both the California MTUS Guidelines and the Official Disability Guidelines allow knee bracing for many postoperative procedures, arthroscopy of the knee was deemed to be not medically necessary. Therefore, postoperative bracing is not medically necessary.