

Case Number:	CM13-0027977		
Date Assigned:	01/22/2014	Date of Injury:	08/18/2010
Decision Date:	03/25/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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. 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 59-year-old female with date of injury of 08/18/2010. Progress reported dated 08/01/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Bilateral shoulder contusions, (2) bilateral shoulder subacromial bursitis, (3) bilateral shoulder impingement, (4) right shoulder partial rotator cuff tear, (5) right shoulder AC joint DJD, (6) bilateral hip trochanteric bursitis, (7) bilateral hip arthralgia, (8) bilateral hip DJD, right greater than left, (9) left knee anterior horn lateral meniscus tear, (10) left knee chondromalacia patella, traumatic, (11) posterior mid-labral tear, left shoulder, (12) right knee chondromalacia patella, (13) left knee DJD. The patient reports left knee pain at a 7/10. The patient had great relief from prior Orthovisc injections. The patient reports increasing instability. Examination of the left knee showed normal range of motion. There was painful patellofemoral crepitus. Positive McMurray's test creating posterior medial joint line pain and positive tenderness over the medial joint line. MRI report from 10/20/2010 of the left knee revealed complex tear of anterior horn lateral meniscus with possible parameniscal cyst. A request was made for a wraparound hinged knee brace, extra large, which was denied by utilization review letter dated 09/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) wraparound hinged knee brace, size XL between 8/1/13 and 10/29/13: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (Leg and Knee Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 340.

Decision rationale: The patient continues with left knee pain. The patient reports increased sensation of instability. However, a treating physician does not report any instability on physical exam findings. ACOEM Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. The ODG guidelines have a more detailed discussion regarding knee bracing. It is recommended for painful unicompartmental osteoarthritis, meniscal cartilage repair, among other things. The patient has a diagnosis of arthritic knee, recently received orthovisc injection. MRI showed meniscal tear as well. Recommendation is for authorization of the requested knee brace.