

Case Number:	CM13-0032174		
Date Assigned:	03/19/2014	Date of Injury:	01/13/2009
Decision Date:	05/22/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/07/2013

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 Pennsylvania. 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 was injured on 1/13/09, sustaining injury to the shoulder and knee. Specific to the claimant's left knee, the clinical records for review indicate a recent progress report dated 8/12/13 indicating restricted range of motion from 0-115 degrees with pain. Further physical examination findings were not noted. The claimant was diagnosed with left knee tricompartmental synovitis with medial and lateral compartment degenerative change. There was no evidence of instability. There is documentation of a remote knee arthroscopy taking place in 2011. At present, there is a request for a left knee brace for further management and care.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Knee Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Based on California ACOEM Guidelines, knee bracing would not be indicated. Guidelines criteria would indicate the role of acute knee bracing in situations

involving patellar instability, anterior cruciate ligament or medial collateral ligament tearing, or instability findings. The claimant's clinical picture is consistent with a degenerative process three-plus years following knee arthroscopy for meniscectomy. There is currently no acute finding that would necessitate the acute need of knee bracing at this stage in the claimant's chronic course of care. Therefore, the request is not medically necessary.