

Case Number:	CM13-0036017		
Date Assigned:	12/13/2013	Date of Injury:	06/04/2010
Decision Date:	05/23/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/18/2013

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 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 injured worker is a 43-year-old female who reported an injury on 06/04/2010. The mechanism of injury was not stated. Current diagnoses include left knee PCL tear, left knee internal derangement, and left foot plantar fasciitis. The injured worker was evaluated on 08/01/2013. The injured worker reported 6/10 left knee pain, and 7/10 left foot pain. Physical examination revealed tenderness over the dorsal surface of the left foot with mildly decreased sensation. Treatment recommendations included a left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) CARBON GRAPHITE LAMINATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The ACOEM Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. In all cases, braces need to be properly fitted and combined with a rehabilitation program. As per the documentation submitted, there was no comprehensive

physical examination of the left knee provided for review. Therefore, there is no evidence of significant instability. There is also no indication that this injured worker is currently participating in a rehabilitation program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is not medically necessary and appropriate.

TWO (2) CONDYLAR PAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340.

Decision rationale: The ACOEM Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. In all cases, braces need to be properly fitted and combined with a rehabilitation program. As per the documentation submitted, there was no comprehensive physical examination of the left knee provided for review. Therefore, there is no evidence of significant instability. There is also no indication that this injured worker is currently participating in a rehabilitation program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is not medically necessary and appropriate.

COMFORT LINER BELOW THE KNEE / ABOVE THE KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340.

Decision rationale: The ACOEM Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. In all cases, braces need to be properly fitted and combined with a rehabilitation program. As per the documentation submitted, there was no comprehensive physical examination of the left knee provided for review. Therefore, there is no evidence of significant instability. There is also no indication that this injured worker is currently participating in a rehabilitation program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is not medically necessary and appropriate.

DEFINACE KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340.

Decision rationale: The ACOEM Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the patient is going to be stressing the knee under load. In all cases, braces need to be properly fitted and combined with a rehabilitation program. As per the documentation submitted, there was no comprehensive physical examination of the left knee provided for review. Therefore, there is no evidence of significant instability. There is also no indication that this injured worker is currently participating in a rehabilitation program. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is not medically necessary and appropriate.