MAXIMUS Federal Services

Case Number:	CM13-0049593		
Date Assigned:	06/11/2014	Date of Injury:	08/16/2010
Decision Date:	07/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/08/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 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 53-year-old female who sustained an injury to her right knee on 08/16/10 after tripping over a dog leash next to the front desk at work. The injured worker sustained a second injury on 07/28/11 when she slipped and fell on a wet floor, injuring her right shoulder right elbow. A agreed medical evaluation dated 08/20/13 noted that treatment to date has included modified work duty, medications and physical therapy. The injured worker subsequently underwent right knee arthroscopic surgery on 11/11/10 and a second manipulation procedure to the right knee due to residual stiffness. The agreed medical evaluation (AME) concluded the injured worker had impairment to the right knee from undergoing partial medial and lateral meniscectomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE VELCRO-TYPE PATELLA TRACKING BRACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Knee brace.

Decision rationale: The request for right knee velcro-type patella tracking brace is not medically necessary. The previous request was denied on the basis that the documentation provided noted tenderness over the medial and lateral facets of the patella, but no abnormal tracking. There was no recent knee surgery or instability reported; therefore, the request was not deemed as medically appropriate. The ODG states that there are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. There is no data in the published peer-reviewed literature that shows that custom-fabricated functional knee braces offer any benefit over prefabricated, off-the-shelf braces in terms of activities of daily living. Given the clinical documentation submitted for review, medical necessity of the request for right knee velcro-type patella tracking brace has not been established.