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| Case Number: | CM13-0051925 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/22/2012 |
| Decision Date: | 05/22/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 10/16/2013 |

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 and Rehabilitation and is licensed to practice in Oklahoma and 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 59-year-old male who reported an injury on 06/22/2012, while jumping off a truck. Current diagnoses include lumbar disc disorder, lumbago, lumbar sprain, enthesopathy of the hip, left knee meniscus tear, and chondromalacia patella. The injured worker was evaluated on 11/29/2013. Physical examination revealed tenderness over the medial and lateral joint line, positive McMurray's testing, positive Apley's testing, intact sensation, limited range of motion of the left knee, and 4/5 strength on the left. Treatment recommendations at that time included authorization for an arthroscopy and debridement of the left knee, a knee brace, a back brace, and x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PURCHASE OF A KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1021-1022.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a brace can be used for patellar instability, ACL tear, or MCL instability. A brace is necessary only if the injured worker 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 is no

evidence of significant instability upon physical examination. There is no documentation of patellar instability, Anterior Cruciate Ligament (ACL) tear, or Medial Collateral Ligament (MCL) instability. The injured worker is currently pending arthroscopic surgery. The medical necessity for the requested durable medical equipment has not been established. As such, the request is is not medically necessary and appropriate.