

Case Number:	CM13-0053870		
Date Assigned:	12/30/2013	Date of Injury:	10/21/2010
Decision Date:	03/14/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation, has a subspecialty in Pain 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 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 48-year-old injured worker who reported an injury on 10/21/2010. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the low back and right knee. The patient's surgical history included a right knee surgery in 02/2011 and an additional right knee surgery for a recurrent meniscal tear in 01/2012. Physical findings included positive right knee clicking with ambulation assistance due to an antalgic gait. The patient's diagnoses included right knee internal derangement and status post right knee surgery. The patient's treatment plan included a knee brace, a TENS unit, cognitive behavioral therapy and the continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 346-347.

Decision rationale: The American College of Occupational and Environmental Medicine recommends functional knee bracing as part of a rehabilitation program. The clinical

documentation submitted for review does not provide any evidence that the patient is participating in any type of active therapy that would benefit from a brace as an adjunct therapy. Additionally, the American College of Occupational and Environmental Medicine recommends a short period of immobilization after an acute knee injury to relieve symptoms. The clinical documentation submitted for review does not provide any evidence that this is an acute exacerbation of the patient's chronic knee injury. The request for a right knee brace is not medically necessary and appropriate.