

Case Number:	CM13-0054000		
Date Assigned:	12/30/2013	Date of Injury:	07/29/2013
Decision Date:	03/17/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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 Orthopedic Surgery, 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 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 33-year-old male who sustained a work-related injury on 7/29/13. Subjective findings include bilateral knee, right hand, right shoulder, and low back complaints. Objective findings include range of motion of bilateral knee at 0 to 120 degrees, positive medial joint line tenderness, and positive McMurray's. An MRI of the left knee performed on 10/3/13 revealed no evidence of acute meniscal, ligamentous, tendinous, or osseous abnormality. An MRI of the right knee performed on 10/3/13 revealed no evidence of acute meniscal, ligamentous, tendinous, or osseous abnormality. Mild lateral patellar tilt was suggested. Current diagnoses include bilateral knee degenerative joint disease, bilateral knee chondromalacia patella, bilateral knee arthralgia, and status post left knee scope, and treatment to date has included chiropractic physiotherapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of wraparound hinged knee braces L1820 for the bilateral knees: 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 based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS/ACOEM states that a knee brace can be recommended with documentation of patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability. The Official Disability Guidelines state that a knee brace can be recommended with documentation of knee instability, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Within the medical information available for review, there is documentation of diagnoses of bilateral knee degenerative joint disease, bilateral knee chondromalacia patella, bilateral knee arthralgia, and status post left knee scope. However, there is no documentation of patellar instability, anterior cruciate ligament (ACL) tear, medial collateral ligament (MCL) instability, knee instability, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.