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| Case Number: | CM13-0054162 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/19/2004 |
| Decision Date: | 03/18/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 and Rehabilitation and is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 01/19/2004, secondary to a slip and fall. The patient is diagnosed with unspecified internal derangement of the knee. The patient was seen by [REDACTED] on 10/04/2013. The patient was status post left knee arthroscopy on 05/16/2012. The patient reported persistent pain. The physical examination revealed 5 degree extension, 130 degrees flexion, mild palpable pain over the medial and lateral joint line, negative McMurray's testing, and negative Lachman's testing. Bilateral knee x-rays were reviewed on that date, and indicated well preserved medial and lateral as well as patellofemoral compartments without any significant degenerative changes. The treatment recommendations included a neoprene knee sleeve with hinges and physical therapy twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a neoprene knee sleeve with hinges for the left knee: Upheld

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

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

Decision rationale: The 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 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, the patient's physical examination does not reveal significant instability. The patient's bilateral knee x-rays did not reveal any significant changes. There is also no indication that this patient will be stressing the knee under load. Based on the clinical information received, the medical necessity for the requested purchase has not been established. As such, the request is non-certified.