

Case Number:	CM13-0054902		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2012
Decision Date:	05/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 38-year-old male who had an industrial injury. The date of injury is 2/28/12 from cumulative trauma. The diagnoses include chronic right knee pain, with history of chondromalacia patella and probable aggravation from the work injury of February 28, 2012; Chronic right ankle sprain with evidence for mild sinus tarsi syndrome noted on the MRI scan of February 15, 2013; and Slight right shoulder sprain, not related to the February 28, 2012 injury, but likely due to cumulative trauma to the right shoulder as part of his work as an auto detailer. There is a request for a replacement right knee brace. A magnetic resonance imaging (MRI) dated March 13, 2012, documented "Chronic right knee pain with grade I and grade II chondromalacia of the patellar cartilage". A 4/2/13 primary treating physician progress report states that the patient has right ankle pain and right knee pain. The patient is still complaining of right shoulder pain due to the work he is doing as an auto detail worker. On examination there is tenderness of the lateral aspect of the right ankle and the lateral aspect of the right calcaneus. The McMurray's and Lachman's test are negative in the right knee. There is tenderness medially in the right knee. Abduction of the right shoulder is 110 degrees. Extension is 30 degrees. Flexion is 160 degrees in the right shoulder. There is right shoulder rotator cuff tenderness without any supraspinatus or infraspinatus tenderness. There is tenderness at the inferior medial margin of the right scapular. The plan includes medications, and a request for request authorization for the replacement soft knee brace for the right knee. He will continue using the right ankle brace. The plan notes that the patient is waiting on a second opinion on his knee from an orthopedic surgeon. Per documentation, according to progress report dated 9/17/13, the patient came in for evaluation, due to the chief complaint of bilateral knee pain, and right ankle pain. The objective finding revealed that there was tenderness medially and laterally in the right ankle with slight

swelling. There was calcaneal tenderness. The McMurray's and Lachman's test, are negative in the right knee. There was full range of motion of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a replacement knee brace for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS KNEE COMPLAINTS, ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION (2008 REVISION, PAGE 1021-1022

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability, although its benefits may be more emotional, such as increasing the patient's confidence, than medical. The guidelines state that usually a brace is necessary only if the patient is going to be stressing the knee under load, and that for the average patient, using a brace is usually unnecessary. According to the guidelines, in all cases, braces need to be properly fitted and combined with a rehabilitation program. The documentation is not clear as to why patient needs a brace. There is no evidence in the documentation submitted that the patient has instability in the knee. There is no documentation that the patient will be stressing a knee under load. The request for a replacement knee brace for the right knee is not medically necessary.