MAXIMUS Federal Services

Case Number:	CM13-0055803		
Date Assigned:	12/30/2013	Date of Injury:	12/31/1996
Decision Date:	05/02/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 female who reported an injury on 12/31/1996. The mechanism of injury was not provided. The documentation of 10/10/2013 revealed an altered gait resulting from left knee pain. The objective examination revealed the right knee range of motion was within normal limits but performed with pain. Crepitus was noted and Apley's was positive. The left knee flexion was limited at 70/110 and performed with pain. The Apley's and medial ACL challenge was positive. The diagnosis included degeneration of the left knee meniscus and ligament. The injured worker's current brace was insufficient to support the knee during therapy and ADL's. The treatment plan included chiropractic adjustments and adjunctive physical therapy as well as referral to an orthopedic appliance manufacturer for the fitting and construction of knee support for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE REFERRAL TO ORTHOPEDIC APPLIANCE MANUFACTURER FOR FITTING AND CONSTRUCTION OF KNEE BRACES: Upheld

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

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

Decision rationale: ACOEM Guidelines indicate that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefit may be more emotional than medical. Usually a brace is only necessary if the injured worker is going to be stressing the knee under loads, such as climbing ladders or carrying boxes. The clinical documentation submitted for review indicated that the injured worker's current knee support was not helping the injured worker's condition. The injured worker continued to have difficulty performing ADL's and participating in physical therapy. However, the request was submitted was for bilateral knees and the physician indicated it was for the left knee. Given the above and the lack of documentation, the request for a referral to an orthopedic appliance manufacturer for fitting and construction of knee braces is not medically necessary.