

Case Number:	CM13-0058540		
Date Assigned:	01/31/2014	Date of Injury:	02/04/2011
Decision Date:	05/27/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/27/2013

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 & Rehabilitation, has a subspecialty in Sports 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 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 51-year-old female who reported an injury on 02/04/2011. The injured worker was most recently seen on 10/16/2013 for slight improvement in her pain with the use of Norco and Relafen. The injured worker had received a sleeve knee brace; however, it is not providing much support and is not ideal because the injured worker still continues to have occasional swelling in her knee and reports intermittent moderate pain in her knees bilaterally. Objective findings of the bilateral knees revealed tenderness of the medial joint line on the left with crepitus, and restricted range of motion due to complaints of discomfort and pain. The left knee was diffusely tender, with slight crepitus and full range of motion. The injured worker had been diagnosed with bilateral knee strain with meniscus tear, status post bilateral knee arthroscopy with residuals, MRI arthrogram evidence of chondromalacial changes of the lateral facet of the patellofemoral joint, anxiety, and gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADJUSTABLE BRACE FOR THE LEFT KNEE (PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

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

Decision rationale: According to California MTUS and ACOEM, any brace is generally supported for patients who have patellar instability, or anterior cruciate ligament tears, or medial collateral ligament instability, although its benefits may be more emotional rather than medical. It further states that knee braces are necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes; however, this is usually unnecessary for the average patient. Therefore, without having a thorough rationale for the intended use of this brace, and due to a lack of information pertaining to any patellar instability, ACL tear, or MCL instability, the requested service is not deemed medically necessary.