

Case Number:	CM13-0062825		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2011
Decision Date:	04/11/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 Family Practice 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 patient is a 37-year-old male who reported an injury on 10/18/2011. The patient was reportedly injured when he was struck by a trailer door. The patient sustained a fracture of the skull, knee, and collarbone. The patient is currently diagnosed with internal derangement of the left knee, status post arthroscopic meniscectomy on 04/09/2013, clavicle fracture, sprain and strain of the shoulder, closed fracture at the distal end of the radius, and tear of the lateral and medial meniscus. The patient was seen by [REDACTED] on 12/12/2013. The patient reported stiffness and pain with intermittent flare-up to the clavicle, left wrist, and left knee. Physical examination revealed a 3-inch scar over the patella, no signs or symptoms of infection, no effusion, palpable tenderness over the medial joint line, full range of motion with slight crepitus and 5/5 motor strength. Treatment recommendations included a Don Joy hinged brace with medial compartment off-loading for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd
Edition (2004)

Decision rationale: 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 and should be properly fitted to the knee and combined with a rehabilitation program. As per the documentation submitted, the patient demonstrated full range of motion with 5/5 strength in the left knee. There is no indication of significant instability. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.